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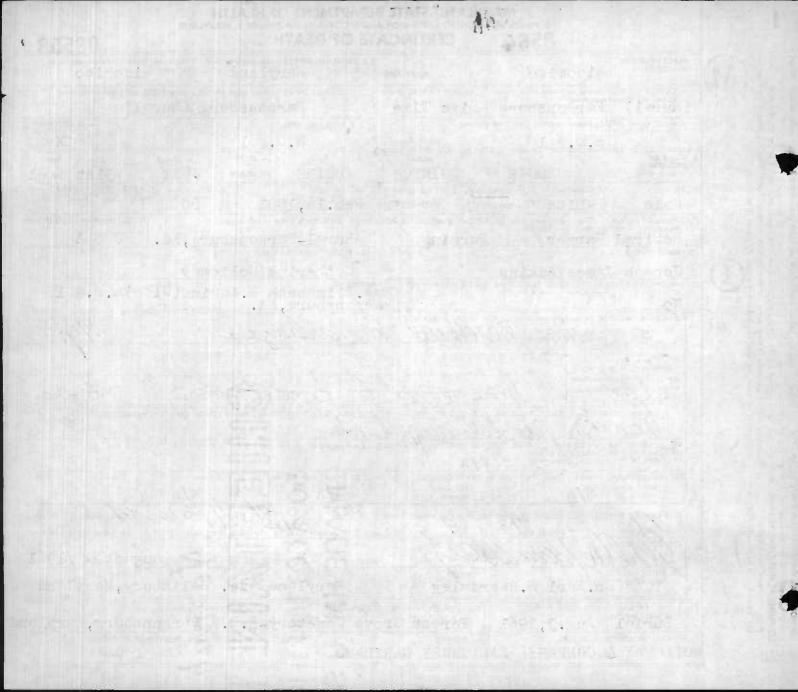
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1011 01	STATISTICAL RESEARCH AIRD RECORDS — BA
64	CERTIFICATE OF DEAT

08553

1.	a. COUNTY	Wicomico		MARYI	LAND	2. USUAL RESIDEN		land	lived. If institution b. COUNTY	on: Residence Wico	before adm	nission)
	b. CITY OR TOWN (II (RURAL ond give ne	f outside carporate limi carest town) Parsonsb		c. LENGTH OF STAY		1		onsbu	te limits, write R	ural ond giv	re nearest to	own)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g $R.D.\# 1$	ive street o	address)		d. STREET ADD	RESS	# 1			10	RESIDENCE I A FARM?
3.	NAME OF DECEASED (Type or print)	Fir EDG		Middle QUINTO	N	ADKINS		4. DATE OF DEATH	JULY		Doy 31st	Yeor 19 61
5.	sex Male	6. COLOR OR RACE White	7. MARR	DIVORCE		Feb. 16	,188		. AGE (In years lost birthday) 80 yrs.		YEAR IF UN Pays Hou	rs Min.
L	d. USUAL OCCUPATION during most of work Retired FATHER'S NAME	on (Give kind of work or ing life, even if retired Harmer	-	kind of Business of Farming	RINDUS		-Par	sonsb	urg, Ma			T COUNTRY?
		Fames Adk R IN U. S. ARMED FOR If yes, give war ar dates of s		SOCIAL SECURITY NO.	Mr	Cather FORMANT S.Elizak rsonsbur	neth			ïře)R	.D.#	1
CERTIFICATION	Conditions, if of gove rise to it couse (o), stoting lying cause lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which mmediate the under- (p	Les de la contra del l	CRIBE HOW INJUST OF	the BUT est	copley		-		/EN IN PART	349 (a) 19. W	FORMED?
MEDICAL CE	20c. TIME OF INJUR Hour o. m. p. m. 21. I certify that saw the deceas 22a SIGNATURE	Y Month, Day, Yes N/A 19 It (1) (this haspital	While at work	Not while of work of the deceased	fram that d	eath accurred of Phys. 22d. Address Mary	MEL DIR	M, from	N/A	and an the	t \mathcal{L}	226. DATE /1961
24	BURIAL, CREMATION REMOVAL (Specify) BURIAL I. FUNERAL DIRECTOR OLLOWAY	S SIGNATURE	961	23c. NAME OF CEME Forest Address LISBURY N	Gro	ve Cemet	tery		AR 25b. REGI		rg, M	arylan



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MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND RECORDS** 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8565 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (if outside corporete limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Salisbury Chestertown 1 day d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Deer's Head State Hospital Kent Street YES NO 2 NAME OF 4. DATE Middle Month DECEASED OF (Type or print) Lida E. DEATH July Bowers 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months Hours Female White WIDOWED X DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife USA Kent Co. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm. Thos. Edwards Fannie Louise Maslin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yas give we rordetes of service Childs, Maryland Mrs. Lida Blake no 220-34-9932 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral thrombosis 1 month IMMEDIATE CAUSE (e) DUE TO Generalized arteriosclerosis vears Conditions, if any, which geve risa to immediate ceuse DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO DO 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour e.m. et work | at work (this hospital) attended the deceased from July 18, 19.61 to July 19..., 19.61 that (I) (we) last 19.61 saw the deceased 161 ATE 12:20 P.M. 22b. DATE 22e. SIGNATURE STAFF DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S Lee L. Lawry, Deer's Head Hospital; Salisbury, Maryland NAME (Type) 123c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) July 22, 1961 Chester Cemetery Chestertown, Maryland 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Chestertown, Md.

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CERTIFICATION

MEDICAL

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MARYLAND STATE DEPARTMENT OF HEALTH

RAITIMORE 1. MARYLAND

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CERTIFIC	ATF	OF D	F	ATH

	OFCH	CERTIFICA	TE OF DEATH		08561				
1.	PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryl			lence befare adm			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parsonsburg - Powellville (Rural						
-	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Pen Gen. Hospit		d. STREET ADDRESS R. D. # 1 e. IS RESIDEN ON A FARI YES NO						
3.	NAME OF First DECEASED (Type ar print) LLOYD	Middle BURTON E	BRITT INGHAM	4. DATE OF DEATH	Month July	Doy 29th	Year 19 61		

Eq.	Ph	Pen Gen. Hospital						1			YES	NO D
	3. NAME OF DECEASED (Type or print)	LLO		Middle URTON	BE	RITT INGH	AM	4. DATE OF DEATH	Jul:		Doy 29th	Year 19 61
	s. sex Male	ast hirthday) 14. 4								Months]		NDER 24 HRS.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? R.D.# Powellville, Nd. USA											
13. FATHER'S NAME Lemuel B. Brittingham Lemma I												
1	(Yes, no, or unknown) If yes, give war or dotes of service) 16. Social Security No. Mrs Elsie M. Brittingham (Wife) R.D.# 1 No Parsonsburg - Powellville, Marylan									# 1 land		
		DEATH [Enter only one co	ouse per line for (c	1), (b), and (c).]	1	1600	ממכי	an			INTERVAL	

				and the second second second
18.	PART I. DEATH WAS CA		per line for (a), (b), and (c).] Levelyal Thrombasis	INTERVAL BETWEEN ONSET AND DEATH
	33 9×	DUE TO		1
9	onditions, if any, which ave rise to immediate buse (o), stating the under-	(b)		
	ing cause last.	(c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Day, 20d. INJURY OCCURRED 20f. (City or tawn) Month. Yeor a. m While Not while of work at wark p. m.

21. I certify that (I) (this haspital) aftended the deceased fram. M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22o. SIGNATURE 22b. DATE SIGNED MED. ATTENDING PHYS. STAFF PHYS.

M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type .Gilmore

. Davi

d

Medical Center Salisbury, Mary

(County)

(State)

(State)

BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Parsons .96] Cemeterv

REMOVAL (Specify) 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR Chilman S. Thomas DATEUL 3 1 '61 SALISBURY MARYLAND HOLLOWAY & COMPANY

TO HO moy VR A15 (4) 15M 9/59

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M	1. PLACE OF DEAT a. COUNTY
	b. CITY OR TOV

MARYLAND STATE DEPARTMENT OF HEALTH

G29 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

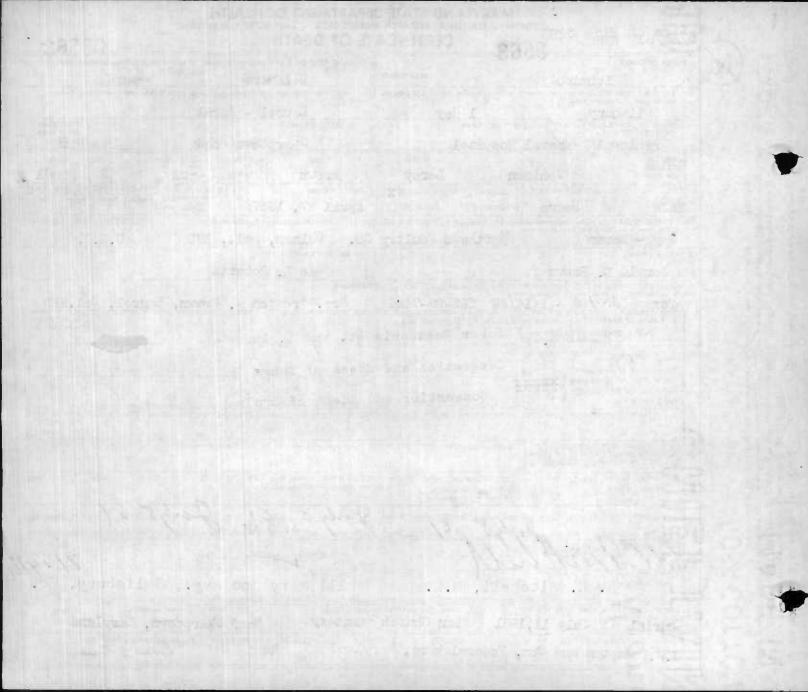
CERTIFICATE OF DEATH

08562

١,	1. PLACE OF DEATH a. COUNTY		MARYLAND	o. STATE	here deceased lived. If in b. COI		e before admiss	ion)			
		comico Coutside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	Ware outside corporate limits, w	rile RURAL and gi	e nearest town) \			
	Salisbu		1 day	Laurel - Rural + (X - 7							
	d. NAME OF HOSPITA	AL (If not in hospital, give street		d. STREET ADDRESS e. IS RESIDENCE							
2	or institution Peninsu	la General Hos	pital	Shar	ptown Road			NO			
	3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Yeor			
	(Type or print)	Venison	Leroy	Brown	OF DEATH Ju	ly	8	961			
	S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In lost birth	1	YEAR IF UNDE				
	Male	Negro WIDOW	ED DIVORCED	April 27, 1		yrs. Months [Days Hours	Min.			
	10o. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZ	EN OF WHAT	OUNTRY?			
	Day Labor	er Ma	tthews Poultry	Co. Delmar	, Del., RFD	U	S.A.				
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN							
	Donald L	Brown		Mae L.	Roberts						
		R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.			Address					
	Yes 3/2	2/56 - 1/14/58	222-22-7496	Mrs. Fres	ton A. Brown	Laurel	. Del.R	FD			
	18. CAUSE OF DEA	TH [Enter only one cause per l	ine for (o), (b), and (c).]				INTERVAL BE	TWEEN			
	PART I. DEAT	TH WAS CAUSED BY: LO	bat Pmeumonia	Rt. and L.	Lungs		ONSET AND	DEATH			
	11000	DUE TO									
	Conditions, if or		ngestion and	Edema of Tan							
	gave rise to in	nmediote			rgo_	7.90					
	lying cause lost.	the under-	Congestion ar	id Edema of I	Redn						
		ER SIGNIFICANT CONDITIONS				N GIVEN IN PART	1(o) 19. WAS	AUTOPSY			
	PART II. OTH						PERFC	RMED?			
	20a. ACCIDENT WA	S_UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Port I or Port II of item 1	8.)					
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)									
		Y Month, Doy, Year 20d.		LACE OF INJURY (Home, for		(C	ounty)	(Stote)			
	Y 20c. TIME OF INJURY Hour o. m.	19 While	Not while	octory, street, office bldg., et	c.)						
				0/8	11. 01	1 86	(a				
		t (1) (this haspital) atten			O. M.	14 8, 196	f. that (1) (
	saw the deceas	ed alive an July	9 e , and that	death acquired 4:2	My am the cause	and an the		b. DATE			
	1	noth			STAFF PHYS.		>	SIGNED			
l	22c. PHYSICIAN'S	rogeren	4	M.D. PHYS. 22d. ADDRESS	PHYS.	1		141			
1	NAME (Type)	. C. Mitchel	1, M.D.	211 Mary	yland Ave.	, Salis	bury,	Md.			
	23a. BURIAL, CREMATION	N. 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, t	own, or county)	(Stot	e)			
	REMOVAL (Specify)	July 11,1961	Zion Church	Cemetery	Near Sharp	2.0					
	24 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	250 PFC	D BY REGISTRAR 2Sb.	REGISTRAR'S SIG					
	J.J. Framp	tom and Son, Fe	deralsburg, Ma	ryland DATE	UL 17'61	Cirilhun S.					

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VR A1S (4) 15M 9/59



SALISBURY MARYLAND

arthur S. Krous

DATE JUL 1 9 '61

certificate detached TO FUNERAL DIRECTOR: pe etained 3 shauld page VS A15 (4) 15M 9/58

HOLLOWAY & COMPANY

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VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		8570	Tto	CERTIF	ICATI	OF DEATH	26/67	4 3	1.19	1	0.85	64
1.	PLACE OF DEATH		1.00			. USUAL RESIDENCE (W	here decease	d lived. If institution	on: Reside	nce befo	re admiss	ion)
		Leomico		MARY	LAND		land	B. COUNTY	Some	erse	t.	
	b. CITY OR TOWN (If RURAL and give ned		its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF		orate limits, write R				1)
	Sa	lisbury		7 days		West	over					
	d. NAME OF HOSPITA	AL (If not in haspital, s	give street	oddress)		d. STREET ADDRESS		10	V	-	e. IS RES	
	DEER'S H	EAD STATE	HOSP	TTAI.						1	YES	NO 🚺
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Man	th	Da	у	Year
L	(Type or print)	1	lary	Elizab		COLLINS	DEATH	Jul		1'		1967
S.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	D B. I	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDE Manths		-	ER 24 HRS
	Female	Colored	WIDOW	ED DIVORCE	F	eb. 24, 18	76	85 yrs.	Munins	Days	Haurs	Min.
10	. USUAL OCCUPATION	N (Give kind of work ng life, even if retired	dane 10b.	KIND OF BUSINESS O	R INDUSTR	11. BIRTHPLACE (State	ar fareign o	country)	12. CI	TIZEN OF	WHAT	COUNTRY
		usewife	,			Marvl	and					
13	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	V5 - 12 14	1			
	James Pin	kett				Deals	h Pink	rot t				
	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.	17. INFO		AT TALE	Addi	ress	-		
(Y	s. no. or unknown) (H	f yes, give wor or dates of :	ervice)	220-16-764	1							
	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ne for (a), (b), and (c).						INTI	ERVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	.)	Bronchopne	umoni	a due to				ONS	ET AND	IVS
	7 1	DUE TO						1000			4 .00	V
	Canditions, if on	v which)	An	teriogal em	tio o	ardiovascul	on dia	sonno do			Year	ng
	gave rise to im	mediate (OCTIOSCIETO	OTC C	at atovascut	ar dis		sated		1000	
	lying cause last.	ne under-	A 20	teriosclero	erie	Cononel			avec		35	
z		ED SIGNIFICANT CON	-			OT RELATED TO THE TERM	INIAI DICEAC	E CONDITION CIV	ENI INI DA	PT 1(a) 1	Year	
일					<u> </u>	NECKTED TO THE TERM	IINAL DISEAS	SE COMBINION ON	EIA IIA LA	KI I(U) I	PERFO	ORMED?
Si Si		Nephroscle									YES [NO 🗔
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (Enter noture of injury in	Part I ar Pai	rt II ar item 18.)				
MEDICAL	20c. TIME OF INJURY	Manth, Day, Ye	ar 20d. I	NJURY OCCURRED		OF INJURY (Home, fare		y or town)		(County)	100	(State)
VEDI	Haur o.m.	19	While	Nat while	factor	y, street, office bldg., et	c.)					
~	p. m.				. T		(7	T7 7.7		9		
	21. I certify that	(I) (this hospita) often	ded the deceosed	fromsl	uly 10, 19	_ot. Lo_	-67T-ATA	, 190	L, th	of (I) (we) los
		ed alive on UL	TA T	19 OL , and	that dea	th occurred at		the causes on	d on th	e date		
	22a. SIGNATURE	Vilu	274	1101		ATTENDING N		STAFF			22	b. DATE
		100			M.E		IRECTOR	STAFF PHYS.			(/	1//6
	22c. PHYSICIAN'S NAME (Type)	V. JUEF	MAN	м. р.		22d. ADDRESS	ER'S H	EAD STATE	E HOS	PITA	L	
22	BURIAL, CREMATION			23c. NAME OF CEME	TERY OR C			y Maryl	110			
7	REMOVAL-(Specify)	7/01/6	T.	d:		REMATURT	10.19		- ''	222	(Stat	re)
-	CIT. T.C. T	1/21/0.			mes	1		tover, Ma			D.C.	
24	FUNERAL DIRECTOR'S			ADDRESS		and the second s	D BY REGIS					
	WILLIam .	H.James	Jr.P	rincess A	nne,	IId DATE	UL 24'	61 a	Mun &	Three	14	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH	I	tem 9 Fflm G292		NCE (Whera deceased lived	, If institution: Residence before admission
	comico	MARYLAND	. STATE Mary	yland b. co	Dorchester
b. CITY OR TOWN (if write RURAL and c	outside corporate limits,	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	(If outsida corporate limits,)	write RURAL and give nearest town)
Salisbur			Cambrida	ge	0413-7
d. NAME OF HOSPITA	L OR INSTITUTION (if no	f in hospital, give street address)	d. STREET ADDRESS	S	e. IS RESIDENCE ON A FARM?
Peninsul	a General Ho	spital	9 School	House Lane	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE M	onth Day Year
(Typa or print)	Sarah	Lizzie	Cornish	DEATH JU	ly 14 19 61
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		BATS IF UNDER 1 YEAR IF UNDER 24 HRS.
Female		IDOWED DIVORCED	Sept. 15.1	878 82 8 yr	
10a. USUAL OCCUPATIO	N (Give kind of work	106. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Con	unty & State, or foreign coun	
Labore		Laborer	Dorches	ter County,	Md. USA
13. FATHER'S NAME			14. MOTHER'S MAIDE		
Ja	ames Cor	nish		Silista	Lane
15. WAS DECEASED EVER	IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 17	INFORMANT	Add	
No (Ify	es give war or dates of service	0)	Elizabeth	Streeter C	ambridge, Md.
18. CAUSE OF DE	ATH [Enter only one cau	sa per line for (a), (b), and (c).)	-22200001	out occurry o	INTERVAL BETWEEN
	WAS CAUSED BY:	Arteriosclerotic	cardiores ou	lar dicasca	ONSET AND DEATH
7-77	DUE TO	ALUCITOSCICIONIC	COLULOVODEU	tar ordease	120110113
Conditions, if any,		Arteriosclerosis	reneral -	advanced	Years
gave rise to immediate	1-1	Wr der mucheropre	general -	auvanceu	Icais
(a), stating the unc	derlying				
	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER: PART II. OTHER: DIAMOND A CCIDENT WA OR CONTRIBUTING [III (IF EITHER, NOTIFY)					PERFORMED?
2Da. ACCIDENT WA		b. DESCRIBE HOW INJURY OCCU	RED. (Enter nature of injury I	n Part I or Part II of item 18.)	
OR CONTRIBUTING					
ZOc. TIME OF INJUR	Y Month, Day, Year	20d. INJURY OCCURRED 20e. I	PLACE OF INJURY (Home, fa	rm, ' 20f. (City or town)	(County) (State)
20c. TIME OF INJUR		While Not While at work	factory, street, office bldg., e	tc.)	
Print	19		77/71/	10 50 . 7/11	1043 11 1 (1) (1) 1
					, 19 61 , that (I) (we) la
	d alive on		nat death occured at	OM, from the caus	es and on the date stated above
22a. SIGNATURE	MILLION	111011	ATTENDING	MED. STAFF	7/11/5
22c. PHYSICIAN'S	Just 1	mari	M.D. PHYS.	DIRECTOR PHYS.	(/14/0
NAME (Type)	V. Juerman	. M. D.		Head State Ho	spital; Salisbury, Md
				23d. LOCATION (City	
23a. BURIAL, CREMATIC REMOYAL (Specify)	= 1 1				
Durtal	7/12/19	61 Taylors I			er County, Md. REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR	SIGNATURE	7 Pauler	elge		Inthus S. Haus
Button	E. Ward		DAII	L 1 8 '61 C	winny D. 10000
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4	#		2572 CERTIFICATE OF DEATH Reg. Dist. No. 0856	6				
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ter death.	should be f		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURATE and give nearest tawn RURATE and give nearest tawn RURAL (If not in bespital, give street address) ON A FARM: ON A FARM: ON A FARM: ON A FARM:	E				
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hin 2"	Poges 1 o		NAME OF DECEASED (Type or print) MARGAR ET CUMPINGS A. DATE Month Day Yeor DEATH JULY 23 196 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF SIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 H	/ IPS				
w pa	pletely rs. P	L	FEMALE White WIDOWED DIVORCED 11-15-1909 lost birthdoy) Months Doys Hours Mir	_				
e execute	and component death.	10	2. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAUNDRY 11. 8IRTHPLACE (State or foreign country) LAUNDRY 14. MOTHER'S NAME 14. MOTHER'S MAIDEN NAME	RY?				
ficate b	ove carb	15	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address					
h cert	ing ph se rem 72 h	(Y	(If yes, give wor or dates of service) (65-07-4/62 Jof Cummings Alelmont	e				
he deat	e attend en pleos nt withir		18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My Caudial, Typaich, Caudia, Caud	TO				
s that t	d by the nit. The ny eve	CATION	Conditions, if any, which) (b)					
require	nsit perm						gove rise to immediate cause (a), stating the <u>under-lying couse lost.</u> DUE TO (c)	
he low	nas beer rial-tran naval, a		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED? YES \(\bigcap \text{NO.} \)					
AN: T	ficote I ficote I ar rer	CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.)	1				
PHYSICI	this certification, emation,	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour o. m. P. m. 19 20d. INJURY OCCURRED While Not while at wark of otwork of the design of the work of	ote)				
DING	After hed for incl. cr		21. I certify that I attended the deceased fram. 6 7/8, 1961, to 7-23, 1961, that I last saw the deceased					
TTEN	detack to bur		alive an, 182, and that death accurred at 10 11M, from the causes and on the date stated abo ADDRESS (Street, city or town, stote) DATE SIGN					
IL OR A	old be		PHYSICIAN'S	P				
87	e 3 should registror pr	72	NAME (Type) Wilber R. Ellis Jr. Salisbury, Maryland Burial, Cremation, 22b. Date Thereof 22c, Name of Cemetery Or Crematory 22d. LOCATION (City, town, or county) (Stote)					
O HO	TO FUNER page 3 s the regist		Sund 7-26-61 mount olere Lelma Leif	2				
	15 (4) 9/58	23.	PONERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE 240. REGISTRAR'S SIGNATURE ADDRESS 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS ADDRE					
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO FUNGERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after depth.

VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

_		00/3					-		157
1.	PLACE OF DEATH			2. USUAL RESIDEN	CE (Where daceasad		itution: Rasidehe	ca bafora a	dniission)
		omico	MARYLAND	a. STATE Delawa	re	b. COUNTY	New Ca	et.le	V
	b. CITY OR TOWN (if	foutsida corporate limits,	c. LENGTH OF STAY IN 16		If outside corporete I	imits, writa BU			
	Delma:	give naarast town)	10 days	Newark		4	16 V		1
-			n hospitel, give street address)	d. STREET ADDRESS		•		e. IS RE	SIDENCE
	401 Eliza			95 Madi	son Driv	re		ON A	NO T
3.	NAME OF	First	Middla	Last	4. DATE	Month	Day	Year	Litt
	DECEASED (Type or print)		THE T HART	GIIDMTGG	OF DEATH	47	0771	10	67
5.	SEX	6. COLOR OR RACE 7 MA	ELLEN	CURTISS B. DATE OF BIRTH		july (In years IF t	27th	19 IF UNDER	61 24 HPS
	_		THE THE MARKIED		last	1 1 1 1 1	onths Days	Hours	Min.
10	Female	11111	OWED DIVORCED	11-16-1900		yrs.			
de	ona during most of wor	ON (Giva kind of work king lifa, even if retired)	b. KIND OF BUSINESS OR INDUST			n country)	12. CITIZEN O		OUNTRY
	At Home		Home	Delmar,	Md.	100	USA	A	
13	. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				137
_		LeCates		Laura A	nn Ruarl	2		F 1.11	
15 (Y	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? yas give war or dates of service)		INFORMANT		Address			
	No		None Pa	aul Curtiss	, 95 Mad	lison	Dr. Nev	wark,	, De
-	18. CAUSE OF D	EATH [Enter only ona causa	per lina for (a), (b), and (c).]					ERVAL BET	
		WAS CAUSED BY:	0	26	· Wank		ON	30	
	111		com	hombisis bures of le	, secon			3077	A. Carried
	740	DUE TO	0 to	1		0 7	-	7	
	Conditions, if any		Certerion	oures of le	Loud	erin	-	1	
	(a), stating the un	DITE TO							
	causa last.) (c)				*.			
NO	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN	IN PART 1(a) 1		RMED?
¥									NO E
CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING 206.	DESCRIBE HOW INJURY OCCURE). (Enter nature of injury in	Part I or Part II of ita	m 18.)			
8	(IF EITHER, NOTIFY	CAUSE OF DEATH							
¥	20c. TIME OF INJUI	RY Month, Day, Year 1	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Homa, farr	n, 20f. (City or to	wn)	(County)		(Stete)
MEDICAL	Hour a.m.		While Not While fac	tory, street, office bldg., atc					
X	p.m.	19 0	t work et work	1	1	7/20	- /,		No.
	21. I certify th	nat (I) (this hospital) a	ttended the deceased from.	7/17	19.6.1, to	f. f d f.	, 196.Li, ti	hat (I) (we) last
	saw the decease	ed alive on	2	death occured at	M, from the	Lauses and	d on the da	ate stated	l above
	22a. SIGNATURE	0 1	1	ATTENDING	MED. ST.	AFF	1111	22b.	. DATE /SIGNED
	E 11/925_07	Lind m	. farmer			Ys.		7/23	121
	22c. PHYSICIAN'S			22d. ADDRESS				17 1	0,
	NAME (Typa)	DR. Ernest	Larmore,	Delma	r, Del.			, ,	
23	a. BURIAL, CREMATIC		23c. NAME OF CEMETERY		23d. LOCATION	(City, town	or county)	(St	ate)
1	REMOYAL (Specify)	7-31-61	Cathedral		Wilmin				
-	PINITE AL DIRECTOR		ADDRESS	25- DE	C'D BY REGISTRAR			TURF	
24	SUNERAL DIRECTOR	3 SIGNATURE DOS	-10 MESS	10 0 KE	INL 31 '61		When S. To		
	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	111 2014 111-	VVIII	IN A O DATE	THE U	-			

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ADDRESS

SALTSBURY MARYTAND

24b. REGISTRAR'S SIGNATURE

Cirling S. Kraus

24a. REC'D BY REGISTRAR

DATEJUL 2 4 '61

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23. FUNERAL DIRECTOR'S SIGNATURE

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TO HOS I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 in softer death. Page 4 may be coined by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

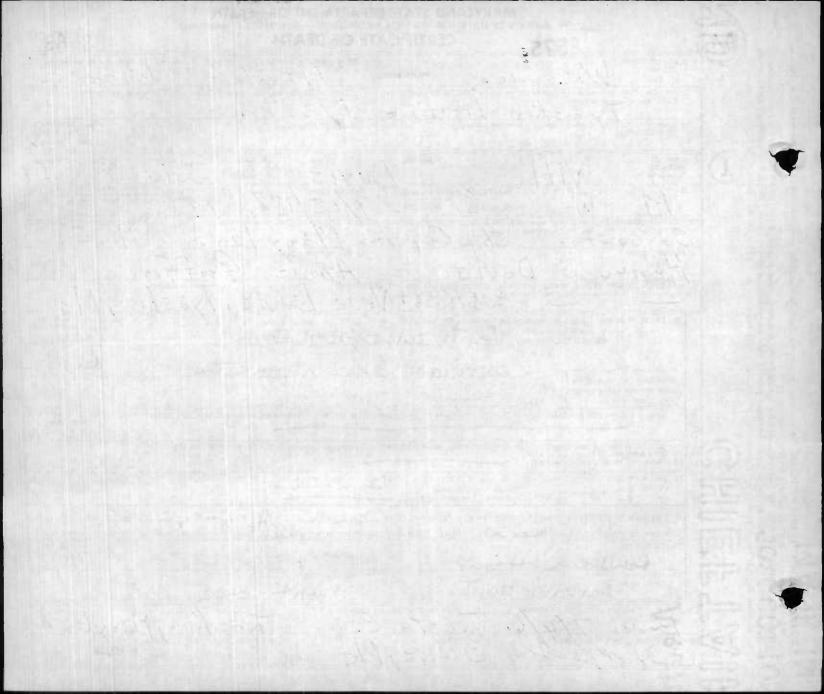
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IAIISIICAL	KESEAK	CH AND	KECOK	D2 -	- BALIIN
CE	RTIFI	CATE	OF	DE	ATH

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	D. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
1	b. CITY OR TOWN (If ourside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)
1	RURAL and give nacrest town) Lifeting XTY25kin
	d. NAME OF HOSPITAL (If not in hospital, give street address) d. SPREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO
	NAME OF DECEASED (Type or print) Nist Middle A. Last 4. DATE Month Day Year OF DEATH Nonth DeceaseD (Type or print)
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In years In y
	Oa. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY) 111. BIRTHPIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? On USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY) 112. CITIZEN OF WHAT COUNTRY? On USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY) 113. BIRTHPIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Tent S. Davis Annie Griffin
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) 215-16-567 9 6/2 DZ.VIS TYZSKIM MJ.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular for (b), ond (c).]
	Conditions, if ony, which) (b) Cardiac decompensation
	gove rise to immediate cause (a), stating the <u>under-</u>
	lying cause last. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port II of item 18.) COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Manth, Day, Yeor 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of twork of work of wo
	21. I certify that (I) (this haspital) attended the deceased fram. Mach. 1964, ta June Z., 1964, that (I) (we) last saw the deceased alive an June 30, 1964, and that death accurred all 55.M, fram the causes and an the date stated above.
	226. SIGNATURE ATTENDING MED. STAFF 7/3 IGNED M.D. PHYS. DIRECTOR PHYS. 7/3 IGNED
	22c. PHYSICIAN'S NAME (Type) Barbara Hunt 22d. ADDRESS hame coke, Md.
	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 7/4/61 23c NAME OF CEMETERY OR CREMATORY 123d, LOCATION (Giv., town, or county) 123d, LOCATION (Giv., town, or county)
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS / DATE 250. REC'D BY REGISTRAR 256. RECISTRAR'S SIGNATURE DATE 6 161 CALLUM S. HALMAN



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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physician

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DIRECTOR:

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physician.

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FIGURAL ISSUADLE 7/2/61 PENNIE NECKO IN entlern an weder Date High Mutthews Congenital Heart Disease (Single Ventucle) 12 6045 19 6/2 56 p 81/2 19 6/2 mudeul Certer allow P. of sella 7/20/61 Tollward president

MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 8:

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3	7	3		CEDTICICATE OF DEAT	LLI
U.	8			CERTIFICATE OF DEAT	

08571

Wicomico	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylane	b. cou	NTY	e before admissi	on)		
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) Salisbury	limits, write c. LENGTH OF STAY IN 1b Since 5/8/61	Snow Hill	utside corporote limits, wr	ite RURAL ond gi	ive nearest town)		
d. NAME OF HOSPITAL (If not in hospite OR INSTITUTION ine Bluff State Hos		d. STREET ADDRESS RFD #2	7	3×-		DENCE FARM? NO		
3. NAME OF	First Middle arity Bell Don	lost noway	4. DATE OF DEATH J	Month	/	ear 9 61		
5. SEX 6. COLOR OR RA	CE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH April 23, 188	9. AGE (In you lost birthdo	Dy) Months	YEAR IF UNDE Days Hours	R 24 HRS. Min.		
10o. USUAL OCCUPATION (Give kind of wo during most of working life, even if reti Housewife	Lewes, J			EN OF WHAT C	OUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		75003				
James Wilson			garet Wilso		3000			
IS. WAS DECEASED EVER IN U. S. ARMED I (Yes, no, or unknown) [If yes, give war or dotes	FORCES? 16. SOCIAL SECURITY NO. 17. 218–20–2681	Records of P	liam H.Dor ine Bluff S	May(H	usband) spital	Berl Me		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Cerebral Thrombosis INTERVAL SETWEEN ONSET AND DEATH 1 month								
Conditions, if ony, which gove rise to immediate couse (o), stating the <u>under-lying</u> couse last.	(b) Hypertensi	ve cardiovascu	ular diseas	e	10 yes	ars		
, (0)								
	201 20000000000000000000000000000000000					110		
	TH	RED. (Enter noture of injury in P	ort I or Port II of item 18)		110 23		
	Yeor 20d. INJURY OCCURRED 20e. 1	RED. (Enter noture of injury in P PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	20f. (City or town)		ounty)			
20c. TIME OF INJURY Month, Doy, Hour o. m. p. m. 21. 1 certify that (1) (this haspi	Yeor 20d. INJURY OCCURRED 20e. 19 While Not while of work of work ital) attended the deceased fram	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) May 8, 1961	20f. (City or town)	(C)	_, that (I) ((Stote)		
20c. TIME OF INJURY Month, Doy, Hour o. m. p. m. 21. I certify that (1) (this haspisaw the deceased alive and 220. SIGNATURE	Yeor 20d. INJURY OCCURRED 20e. 19 While Not while of work of work ital) attended the deceased fram	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) May 8, 1961 death accurred 1:28 M.D. ATTENDING ME PHYS. DIR	20f. (City or town) 20f. (City or town) 10 11 12 13 14 15 16 17 17 18 19 19 19 19 19 19 19 19 19	(C)	_, that (I) ((Stote)		
20c. TIME OF INJURY Month, Doy, Hour o. m. p. m. 21. 1 certify that (1) (this haspi saw the deceased alive and 220. SIGNATURE	Yeor 20d. INJURY OCCURRED 20e. 19 While Not while of work of work ital) attended the deceased fram	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) May 8, 1961 death accurred 1:28 M.D. ATTENDING ME PHYS. DIR 22d. ADDRESS	20f. (City or town) , to July 2 M, fram the causes	4	_, that (I) ((Stote) ve) last abave.		
20c. TIME OF INJURY Month, Doy, Hour o. m. p. m. 21. 1 certify that (I) (this haspi saw the deceased alive and 220. SIGNATURE	Year 20d. INJURY OCCURRED 20e. 19 20e. 19	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) May 8, 1961 death accurred 1:28 M.D. ATTENDING ME PHYS. DIR 22d. ADDRESS Salisbu OR CREMATORY Mem. Park	20f. (City or town) 1 to July 2 M, fram the causes ECTOR STAFF PHYS. 1 ury, Maryla 23d. LOCATION (City, to	4 , 1961 and on the	_, that (I) (vidate stated 22k 7/24	(Stote) we) last abave. DATE SIGNED		

OCCUPATION AND ADDRESS. America IIve AND THE THE PARTY OF THE PARTY The state of the s E A Charle based and a Appropriate the second the state of the s A PLANT OF THE PROPERTY OF THE PARTY OF THE I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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SALISBURY

rs after death. Page 4

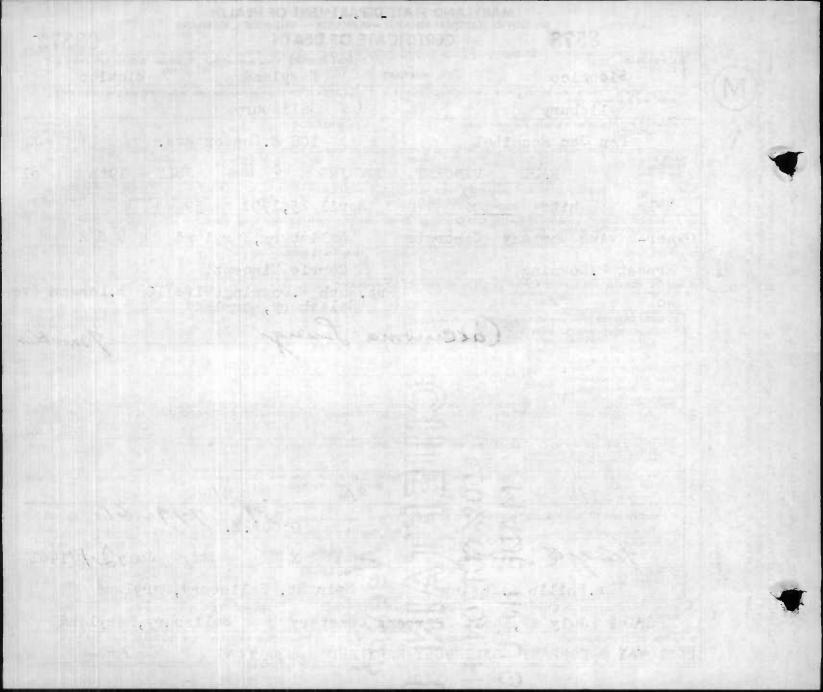
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

8578CER	RTIFICAT	TE OF DEATH		08572
1. PLACE OF DEATH a. COUNTY Wicomico	MARYLAND	T. USUAL RESIDENCE (Who	ore deceased lived. If institution b. COUNTY	Residence before admission) Wickico
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) SOLISbury	STAY IN 1b	Salish	itside carporate limits, write RUF	RAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Pen Gen Hospital		d. STREET ADDRESS	.Iomdon Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) PAUL VINCEN	Middle T DC	Last OWNING	4. DATE Manth OF DEATH JULY	19th 19 61
s. sex Male 6. COLOR OR RACE 7. MARRIED NEVER WIDOWED TATES		April 25,19	last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-Paving Company Concre			, Maryland	U S A
Ernest P. Downing		Carrie V		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes. give war or dates of service)	TY NO. 17. IN	S. Huth E.Dor Salisbury	vning(Wife)dd	8 E.London Av
1B. CAUSE OF DEATH [Enter only one cause per law or (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (c)	udyn d	Lung		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF LITHER, NOTIFY MEDICAL EXAMINER) NT / A	TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO.
I IVA	URY OCCURRED). (Enter nature of injury in P	art I ar Part II af item 1B.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURR Hour a. m. N/A 19 While at wark at wark	ED 20e. PLA fact	CE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)		(Caunty) (State)
		0 0		an the date stated abave.
220. SIGNATURE Lange of Lines of	٨		D. STAFF ECTOR PHYS.	July 2//1961
Dr. Philip A. Insley		Main St.	Salisbury,Ma	ryland
DEMOVAL (Specify)	remetery of	Cemetery	23d. LOCATION (City, town, or Salisbur	county) (State) y, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	4	2Sa. REC'E	BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE

MARYLAND

DATE JUL 24

william S. Kraus



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MARYLAND STATE DEPARTMENT OF HEALTH

IVISION OF STATISTICAL	RESEARCH AND RECORDS.	301 W. PRESTON ST	REET, BALTIMORE 1,	MARYLAND
8579	RESEARCH AND RECORDS, CERTIFICATE	OF DEATH		08573

PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidenca before admission a. STATE b. COUNTY
Wicomico MARY	774
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) Salisbury	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addr	ress) d. STREET ADDRESS e. IS RESIDENCE
Peninsula Gen. Hospital 3. NAME OF First Middle	
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) WILLIAM JAMES	DEATH 07 10 CD
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	ED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCE	ED Oct. 4, 1896 64 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retirad)	R INDUSTRY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY
Salesman Seafood	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rilev Ellis	Della Townsend
15. WAS DECEASED EVER IN U.S. ARMED FORCES? LIA SOCIAL SECURITY N	NO. 17. INFORMANT Address
(Yes, po, or unkown) (If yes give we ror dates of service) 213-16-79	952 Mamie Ellis , Delmar, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c	(c).) INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)	man Krombosis ONSET AND DEATH
420,0 DUE TO	
Conditions, il any, which) (b) On ton	instrator bear dresse 7 years t
geva risa to immediate cause	
(a), stelling the underlying	
	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	PERFORMED? YES \ NO \
208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY	OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	Occording to the state of miles, in control to the miles and the state of the state
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED While Not While Not While Purch 19 et work at work	20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
p.m. 19 et work at work	
21. I certify that (I) (this hospital) attended the decease	ed from, 19.5.4 to, 19, 19, that (I) (we) last
	and that death occured at 10.00 Dornal occurs and on the date stated above
22a. SIGNATURE	ATTENDING MED STAFF / SIGNE
English to hum	M.D. PHYS. DIRECTOR PHYS. 1/-4/6/
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. Ernest Larmore	, Delmar, Del.
	CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 7-25-61 Libert	ytown Libertytown, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W2, m , OC, 10,00	mas LefoATE JUL 26'61 ariling of thomas
11 millana an secon	

within 24 hours after TO HE PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executivity within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected in the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected in the state Dept. of off Ladicard . ned a Courtest +0 SCHOOL SECTION OF STATE OF STA THE THE PERSON NAMED IN COMPANY No. Washing The sound to the Control of the Control The state of the s Wilson Co- Llerger recent at the

FOR STATE HEALTH DEPT.

meral director. Page of Health, delay is necessary, TO DELOTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If all deay is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the innered director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of the list or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours effected.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2520 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02574

	000.1
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased fived, ff institution: Residence before edmission) e. STATE b. COUNTY
Wicomico MARYLAND	Maryland Wicomico
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL end give nearest town)	X 0-24-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS I e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (II not in nospital, give street address)	d. STREET ADDRESS o. 15 RESIDENCE ON A FARM?
Peninsula General Hospital	Jersey Road Route # 2 YES NO [
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
(Tues as wilet)	of DEATH 7-1-61 19
5. SEX 6. COLOR OR RACE 7 MARDIED TONIEVED MARDIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	(est birthdey) Months Deys Hours Min.
M C WIDOWED DIVORCED	38 yrs.
10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	manufa 1 21 8 1
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	17. MOTHER 3 MAINER TO ME
Boys Parriate	and Gevans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (If yes give were or detes of service)	NFORMANT / Address
CAS	- 7 1 L Opping 1 Ro-
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	wiferingth forces
PART I DEATH WAS CALISED BY.	ONSET AND DEATH
IMMEDIATE CAUSE (a) Fracture of	cervical spine l hour
2/2 V DUE TO	
Conditions, if eny, which \ (b)	
gave rise to immediate cause	
(e), steting the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5	YES TO NO TO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY 11 or CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	nter neture of injury In Pert I or Pert II of item 18.)
206. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING U	
L'T' 9913 A L' D'TT A D'39 T	while walking on road near home. CE OF INJURY (Home, form, ; 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	المراجع والمراجع والم
death resulted from: Natural causes , Accident , Suici	de, Homicide, Undefermined manner
60. 1	CHIEF MEDICAL EXAMINER
ACTUAL / Van	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE	M.D.
Examinza's Earl L. Royer, M.D.	DEPUTY MEDICAL EXAMINER 7-7-61
220. BURIAL, CREMATION, 244 07 TE CAROCON AVENA STREET OR	Address (Street, city, town, or county) CROMPTORY 22d. LOCATION (City, town, or country) (State)
22e. BURIAL, CREMATION, 22b. DATE MEREO: 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CRAMATORY 22d. LOCATION (City, town, or country) (State)
Buriel buln 16.1961 Shell	nasses falelled Mid
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
10 cl 1 - 1 - 1 - 1 - 1	2 1 111 4 7 161 2 2 / 2 4
Uniter of Stellat Salish	1 91/ DATEJUL 17'61 Calldo & Knows
	/

A a school book yearst de les lesses frances afrances I man noin that kyou allewilol Errock by car wells and inc on wood name bottom All coning it completes - page for a second of the coning of the Test is solves, in. s. The common with the labour, id.

MARYLAND STATE DEPARTMENT OF HEALTH Diffsion of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 874761 iwk
| 2. USUAL RESIDENCE (Whare daceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH I director. Page or your files. a. COUNTY is necessary Wicomico MARYLAND Maryland Wicomico b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) your rd of write RURAL end give nearest town) Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Salisbury Boar e. IS RESIDENCE ON A FARM? YES NO Z Peninsula General Hospital Route DECEASED the (Type or print) DEATH 1, 2, and 2, and 1, 2, and 2 mile 1, 172 hours after 3 10 Ford 19 Wesley 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In yeers) last dirthdey) June 14,1925 Months Hours WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working lifa, even if retired) 8. Give Pages 1, Garage U.S. Maryland pages form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruric Ford Maggie Bozman be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyasgive wer or dates of service) Mrs. Eva. Ford Siloam. Md. pencil in Item 1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN transit p Fatty Degeneration of Liver ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO burial Conditions, if eny, which "pending" geva rise to immadiete ceusa Medical Examiner's DUE TO (a), steting the underlying Se causa last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19. CERTIFICATION WAS AUTOPSY PERFORMED? 2 the word YES NO pinous 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) 2 Whila Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 7-25-61 DEPUTY MEDICAL EXAMINER Royer, M.D. Ave. Selisbury Mode Camden Moddress (Streat, city, town, or county) 9889 22a, BURIAL, CREMATION. 22d. LOCATION (City, town, or country) REMOVAL (Specify) /26/61 Fairmount Fairmount, Maryland 0 ₽40 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VS. A15ME Princess Anne, Md JATE JUL 28'61 5M 7/59 arthur & Krays

San Man Arthur Man teningila Deneral Moupital Late Route 1 1 14 The Market Louis Land Land A. U. H. Gover, H. D. H. J. H. A. The contract of the contract o The all and comments

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

8582 CERTIFICATE OF DEATH	7F	SIMIISTICAL	RESEARCH AND	KECUKUS,	301 M	. PRESIGN	31
		8582	CERT	IFICATE	OF	DEATH	

08576

I. PLACE OF DEATH a. COUNTY				VCE (Where deceased lived,		ice bafore admission)
	comico	MARYLAND	a. STATE	ь. cot rland	Wicor	nico
b. CITY OR TOWN (i	f outside corporete limits, giva nearast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete limits, wi	rita RURAL and give	nearest town)
	Lisbury	10Vr.12Days	Sali	sbury		
		n hospital, giva street address)	d. STREET ADDRESS			e. IS RESIDENCE
Doe	er's Head Stat	e Hospital	109	Brooklyn Aven	ue	YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE Mor	nth Dey	Year
(Type or print)	Helen	J.	Foskey	DEATH Jul	y 24,	19 6]
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED X 8	DATE OF BIRTH	9. AGE (In yee, lest birthdey	IF UNDER 1 YEAR	
Female	White WID	OWED DIVORCED	August 23, 1	- 1 1 1 1	Monnia Dala	Hours Min.
10e. USUAL OCCUPAT	ON (Give kind of work 10	DE. KIND OF BUSINESS OR INDUSTR			y) 12. CITIZEN C	F WHAT COUNTRY
	rking life, even if retired)		7.17 •	1 177 . 7.7	77	C 1
None	9	None	14. MOTHER'S MAIDEN	tesville, Del	• U•	S. A.
S. PATREK S NAME			14. MOTHER 3 MAIDEN	LINME		
	?		Lev	rinia Foskey		
	ER IN U.S. ARMED FORCES? fyesgivawarordatesofservica)		NFORMANT	Addre	955	
100	yesgiva wal ol dales olservica)		Hospital Rec	ords Salis	burv. Mar	vland
1 18. CAUSE OF D	EATH [Enter only one cause		11			TERVAL BETWEEN
70.00	H WAS CAUSED BY:	1.0 1. 1	1	/ \	01	NSET AND DEATH
	IMMEDIATE CAUSE (a)	eribral	On on	choris		May
1333	V		1 12.	_1 1	10	
1224	DUE TO	M	////	1	11	1000
Conditions, if eny		Deverange	a us	uces se	term 1	· yss
geve rise to immedi	DUETO	1			COLUMN TO SERVICE STATE OF THE PARTY OF THE	
(e), stating tha u	nderlying					
ceuse lest.) (c)					
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION G	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PART II. OTHER	7/11	71 ///7	the			YES NO
Do ACCIDATE W	neuma	DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in	Pert Lor Pert II of item 18)		
2De. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING [] 2Db. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJOK! OCCORED	, (Enial haldle of hildry h	ren ron ren il or nem 10.7		
	MEDICAL EXAMINER					
20c. TIME OF INJU	IRY Month, Day, Yeer :		CE OF INJURY (Homa, fer		(County)	(Stata)
Hour e.m.		At tille Trout At tille	ory, street, office bldg., et	ic.)		
P.III.	17	t work at work			,	
21. I certify t	hat (I) (this hospital) a	ittended the deceased from	7/12/51	19 to 7/2/1/	61, 19,	that (I) (we) las
saw the deceas		/61 19 and that				
	DOD D	,,, and mar	dodni occaroa a	• 10		22b. DATE
22a. SIGNATURO	77		ATTENDING	MED STAFF		7 SIGNE
1/10	ed da	wey M	.D. PHYS.	DIRECTOR PHYS.		1.24-6
22c. PHYSICIAN'S			22d. ADDRESS			
NAME (Type)	Lee L. Law	mv. M.D.	Deer's	Head Hospital	Salis	bury, Md.
nunial consulati				23d. LOCATION (City,		(Stata)
REMOVAL (Specify)		23c. MAMEUR ETHE	OR TREMATORY			(0.0.0)
Burial	7-26-61	OddyFellows		Laurel, I	Delaware	
24 JUNERAL DIRECTOT	S SIGNATURE	ADDRESS	25a. RI	EC'D BY REGISTRAR 256. I	REGISTRAR'S SIGNA	TURE
11/0/1	n 111	00 -10011	110.0	JUL 2 8 '61	arthur & H	LANK.
1111-1	110000111	1 - V V V MCK	DATE DATE	AND -		

TO HC. TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executivities to the hours after the death. Kege 4 may be retained by the hospital or attending physician.

\$ > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

General Thomas Land Tiles Physical arthur Feed Lawry ALCOHOLD TO THE RESIDENCE OF THE PROPERTY OF T

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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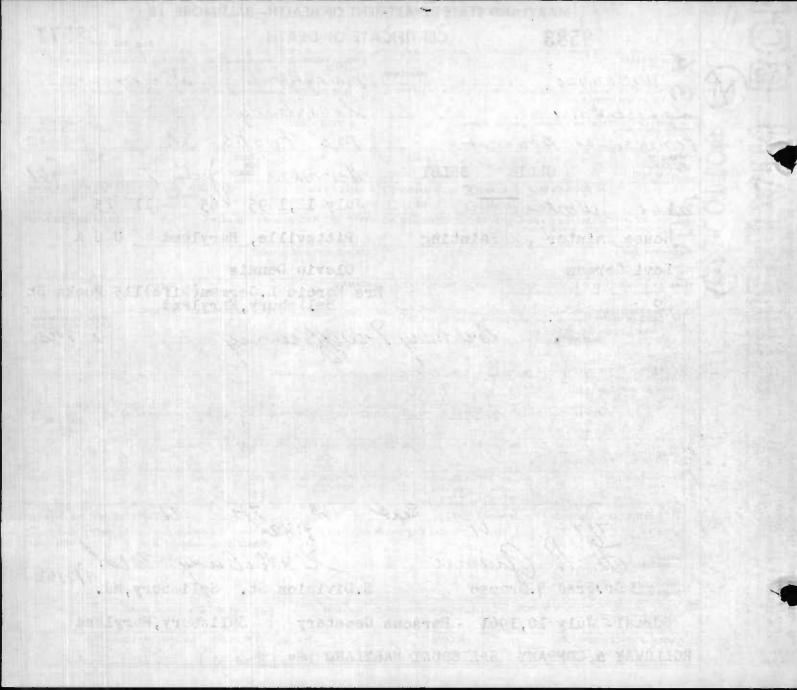
CERTIFICATE OF DEATH

Dist N 08577

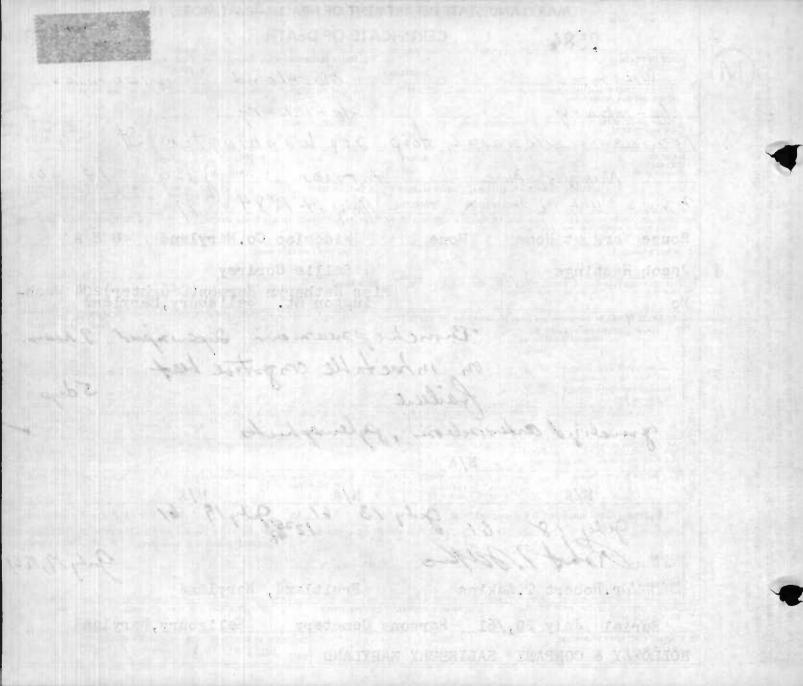
	keg, olst. 140.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
WICDMICE MARYLAND	mary Land Wie omico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Salisb VRU	Salisbury
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Peninsula Beneral	1 /33 FOORS OT, YES NO
3. NAME OF DECEASED (Type or print) First Middle SELBY	Herman 4. DATE Month Day Year 196/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH AGE (In years F UNDER YEAR F UNDER 24 HRS. Lost birthday) Months Days Hours Min.
make White WIDOWED DIVORCED	July 12, 1895 (65 birthdby) Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House Painter Painting	Pittsville. Maryland USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Levi German	Olevia Dennis
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service)	Mrs Marcie L.German(Wife)115 Fooks St Salisbury, Maryland
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) CONTONING /	ruggenengy o va.
420./ DUE TO	00
Conditions, if any, which gave rise to immediate (b)	
cause (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Port II of item 18.)
	LACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)
Hour o.m. Hour o.m. 19 While Nat while to	actory, street, affice bldg., etc.)
5 0	76
21. I certify that I oftended the deceased fram.	, 19.5%, to, 19.64, that I last saw the deceased
alive an, 19_V/, and that death	h accurred at 4:300m, fram the causes and an the date stated above
9.11	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE THE METALLINE	M.D. Dalishury Mal
PHYSICIAN'S Dr. Fred R. Framse	S.Division St. Salisbury, Nd. 77701
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	
	Cemetery Salisbury, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MAI	RYLAND DATE AU 1 1 761 CLIL & KANA

TO HOS. ILOR ATTENDING PHYSICIAN: The law requirements may be welfained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, or to funeral by the funeral director. To FUNERAL DIRECTOR: After this certificate has been signed by the attended physician and 2 shauld be filled with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08579

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where	daceesed lived, If institution: b. COUNTY	Residanca before edmission)
	Wicomico MARYLAND	To the second se		icomico
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If ourside c	orporate limits, write RURAL and	nd give nearest town)
	1.61.7	Two alcin		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address)	d. STREET ADDRESS		. IS RESIDENCE
	Home			YES NO
3.	NAME OF First Middle	Last 4. DAT	E Month	Day Year
	DECEASED (Type or print)	OF DEA'	TH C C /3	19
1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH	19. AGE (In years IF UNDER	
V	WIDOWED DIVORCED	- 07 -00-	last birthday) Months	Deys Hours Min.
10	B. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign		TIZEN OF WHAT COUNTRY?
de	ing during most of working life, even if retired)	1		
13	Conductor Venn. Mode	Baltimore M	d.	US A
"	TOTTEN & GAINE	19. MOTHER 3 MAIDEN NAME		
15	Robert Harris WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Ida Eva	Spranklin	
	is, no, or unkown) (Ifyesgive warordatesofservice)	INFORMANT	Address	
	* YES W W 1 716-16-1300	Mrs. Mae Harri	s, Tyaskin,	Md.
	18. CAUSE OF DEATH [Enter only one couse per line or (e), (b), and (c).] PART I. DEATH WAS CAUSED BY:	15 - 0		ONSET AND THATH
	IMMEDIATE CAUSE (a)	Velue	~	Sudden
	C/D DUE TO AA	of or	90	
	Conditions, if any, which (b)	verte pin	& oring	2 Jenn
	gava rise to immediata cause DUE TO		D	1
	cause last. (c)			0
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PAR	
CERTIFICATION				YES NO
F	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part t or Part I	of item 18.)	
E E	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.			
3			City or town) (Cou	unty) (Steta)
MEDICAL	at work (tory, street, office bldg., atc.)		
>	21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection	on 🔽 Inquiry 📆	and in my opinion
			A LA	
	death resulted from: Natural causes 😿 Accident 📗 Suic		Indetermined manner	
	ACTUAL &	CHIEF MEDICAL EXAMINER		
	SIGNATURE	M.D. ASSISTANT MEDICAL EXAM		DATE SIGNED
	EXAMINER'S Earl L. Royer, M.D.	DEPUTY MEDICAL EXAMINE		61
20	NAME (Type) 107 Camden Ave Salisbi	And ass (Street, city, town,	or county) ATION (City, town, or country	(Steta)
22	REMOVAL (Specify) 7 8 ML D.	Du	L City, lown, or country	D 7 (21618)
1	JUNIA1 1/10/61 /17. 170/61C	em. 1777	30 KY/17	Td.
23	FUSERAL DRECTOR WID AND RADDRESS (11)	M1 24a. REC'D 8Y REGI		SIGNATURE
	[] / Jack, 210 E10 6)	/ / J' DATE JUL 10	'61 arthur	8. Kraus

TO DEPOTE WEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the thorson director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of the line or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MINES OF ITS DECISION PERMISON OF PARTIES. AREATH. Colescial de Basirante ALTERNATION OF THE PARTY OF THE and the second s A set if the set of th nilbanag ava abl Lichard Spranklin The total term the lead of the contract of the 1 - m

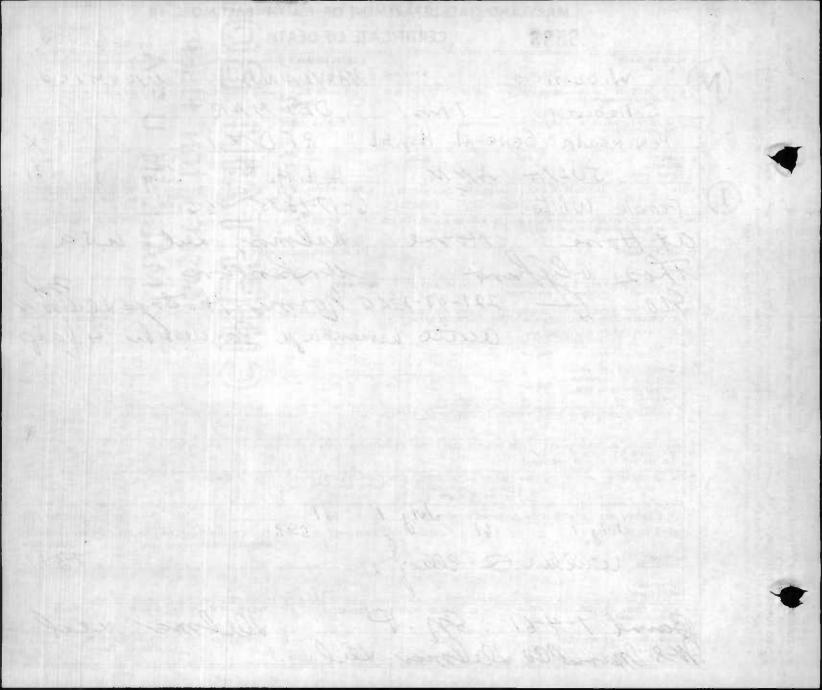
	0100	CERTIFICATE	OI DEATH	Reg. Dis	it. No.
1.	PLACE OF DEATH	2. U	SUAL RESIDENCE (Where deceos	ed lived. If institution: Resident	ce before odmission)
A	. COUNTY WICOMICO	MARYLAND 2	ARVLAND	b. COUNTY 1C	OMICO
17		LENGTH OF STAY IN 16 C.	. CITY OR TOWN (If outside carp	porate limits, write RURAL and g	give nearest town)
1	Salisbury	7 hrs. X	DELMA	-/P	
0.	d. NAME OF HOSPITAL (If not in hospital, give street addr OR INSTITUTION	ess)	STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1	Peninsula Genera	al Itospital	RFUA	= /	YES NO
	NAME OF First	Middle	Last 4. DATE OF	Month	Day Year
	(Type or print) JUL/A A	NN	Hastings DEATI	JULY	19 6
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B. DAT	TE OF BIRTH		1 YEAR IF UNDER 24 HR Days Haurs Min.
	remale White WIDOWED		-11-1895	66 yrs.	
100	during most of working life, even if retired) 10b. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign	country) 12. CITI	ZEN OF WHAT COUNTR
6	If Home A	ome	Dulmor,	Leel 1	wa.
13.	FATHER'S MAME	14.	MOTHER'S MAIDEN HAME		
1	The olypans	-	unport	m	7
15. (Ye	. WAS DECEASED EVER IN U. S. ARTED FORCES? 16. SOC	IAL SECURITY NO. INFORM	AAN C	Address	1. 84
-	70 7- 17	1-01-1366	Morman	Jastings	Lelin
	18. CAUSE OF DEATH (Pitter only one cause per line for PART I. DEATH WAS CAUSED BY:	r (o), (b), and (c).]	D. D	- Lundel	ONSET AND DEATH
	IMMEDIATE CAUSE (0)	ello homo	magic Fo	encularity	4day
	DUE TO				V
	Conditions, if ony, which gove rise to immediate (b)				
	cause (a), stating the <u>under-</u> lying couse last.				
Z	/ (0)	TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPS
CATION					PERFORMED?
<u>u</u>	20- ACCIDENT WAS UNDERLYING TO 200 DESCRIPTI	HOW INJURY OCCURRED. (Ent	ter nature of injury in Part I or Pa	ort II af item 1B.)	
CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
SAL	20c, TIME OF INJURY Month, Day, Year 20d, INJUR	f-star.	F INJURY (Hame, farm, 20f. (Ci	ty ar tawn) (C	County) (Sto
MEDI	Hour a.m. p. m. 19 While of work	LACI MUILE	areer, dirice bidg., etc.)		
	21. I certify that I attended the deceased	from July 1	1961, to	, 19,that i ia	st saw the deceas
	alive an July 1 , 1961		urred at 9:50 P. M. fram		
		. ()		(Street, city or town, state)	DATE SIGN
	SIGNATURE LOUGH R	GOLEST M.D.			7-3-6
	PHYSICIAN'S	/a c			
L	NAME (Type)				
220	o. BURIAL, CREMATION, 22b. DATE THEREOF 22	C. NAME OF CEMETERY OF CRE	MATORY 22d, 10C	ATION (Gity, town, or county)	(Stote)
4	Javal 1-461	41.	VO.	Uma/	del
33	FUNERAL DIRECTOR'S SIGNATURE	ADORESS //	240. REC'D BY REGI	STRAR 246. REGISTRAR'S SIG	
7	12 Many UU XIE	emar X	DATE		

TO HOS ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 may be, relating by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled and a stand has defined by the other description and completely filled and a stand has defined the puriod transfer than places remove carbon papers.

rs after death. Page 4

VS A1S (4) 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 8587

02521

	- + - 9												-
1. PLACE OF DEATH o. COUNTY	Wicomico		MARYL		USUAL RESID	ence (Wh			VILLIE	Wico			
b. CITY OR TOWN RURAL ond give i	(If outside corporate limited		c. LENGTH OF STAY II	N 1b	CITY OR T	OWN (If o	utside corpo		write RU	RAL ond gi			
d. NAME OF HOSPI OR INSTITUTION		4	oddress)		d. STREET AL	DDRESS	nsbu:	rg /1	iura	1)		IS RESIDENCE ON A FARM	15
	R.D.#					P.D.#	T						<u>=</u>
3. NAME OF DECEASED (Type or print)	WAL	st LACE	Middle H •	НС	Lost		4. DATE OF DEATH		Month		Doy 25th	Year 19 6	1
5. SEX	6. COLOR OR RACE	7. MARE	RIED X NEVER MARRIEL	B. D.	ATE OF BIRTH			9. AGE (In			YEAR IF	UNDER 24 H	IRS.
Male	White	WIDOW	DIVORCED			0,18		lost birt	yrs.			Hours Mi	
10a. USUAL OCCUPATI	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPL	ACE (Stote	or foreign co	ountry)		12. CITIZ	EN OF W	HAT COUNT	RY?
	Poultry		er		R.D.	#Par	sons	hurg.	Md		U	SA	
13. FATHER'S NAME		- 011		14	. MOTHER'S					1	1		
Handy B	. Holloway					C.Pe	rdue			18-1			
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		Katie Katie					")R.D	.#		
	immediate DUE TO	a	teris sele	y &	Keel	us	un					AL BETWEE	ГН
_	- , 10	DITIONS (CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO	THETERMI	NAL DISEAS	E CONDITI	ON GIVE	N IN PART		WAS AUTO PERFORMED (ES NO),
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter noture of	injury in F	Part 1 or Par	rt II of item	1B.)				
20c. TIME OF INJU Hour o. m. p. m.	-NT /A 10	While	NJURY OCCURRED Not while k ot work	20e. PLACE foctory,	OF INJURY (I street_office N/A	lome, form bldg., etc.	20f. (City	or town) N/A		(C	County)	(S	tote)
	at (I) (this haspita	'	ded the deceased t		h accurred	6/19 :30P	M, Fram	7-2	ses and			(I) (we) tated abo	
220. SIGNATURE	22o. SIGNATURE						M.D. ATTENDING MED. MED. STAFF July 27/1961					E D	
22c. PHYSICIAN'S NAME (Type)	Dr. Frank	R.Le	wis		22d. ADDRE		s, Ma	aryla	and				
230. BURIAL, CREMATI REMOVAL (Specify Burial) 196	23c. NAME OF CEME			m.			rson	sbur	~ /	(Stote) aryla	ne
24. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			250. REC'I	D BY REGIST			RAR'S SIG			
HOLLOWAY	& COMPAN	Y S	ALISBURY,	MARYI	AND	DATELL	31 '61		arih	n 8. 4	inalla		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled (in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Baard of Health prior to burial, cremation, ar remayol, and in any event, within 72 haurs offer death. stained by the hospitol or ottending physicion.

IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO HO

VR A15 (4) 15M 9/59

's after death. Poge 4

. . . LOUSZOOM, DOOR !! THE REPORT OF THE PERSON OF TH

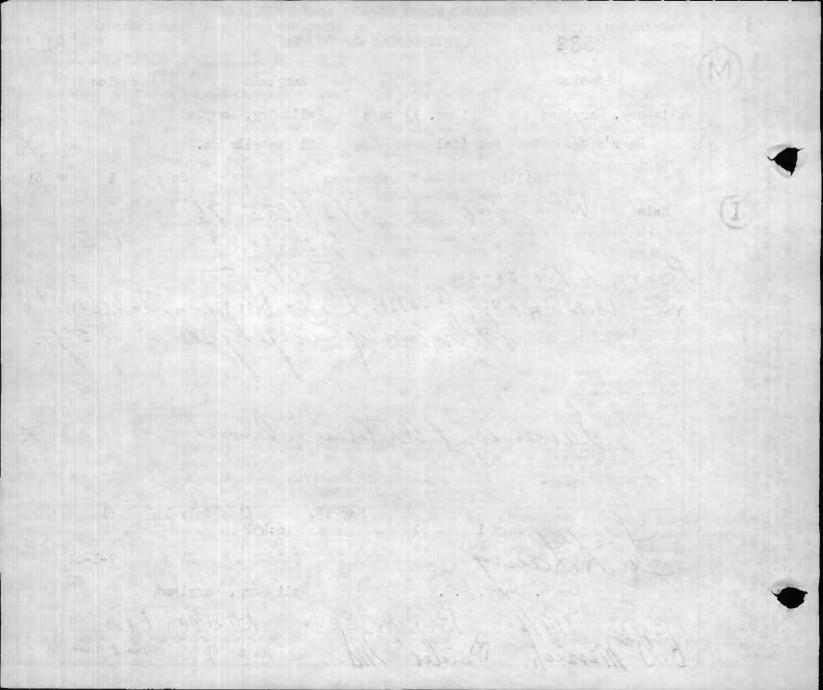
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

8588
CERTIFICATE OF DEATH

08582

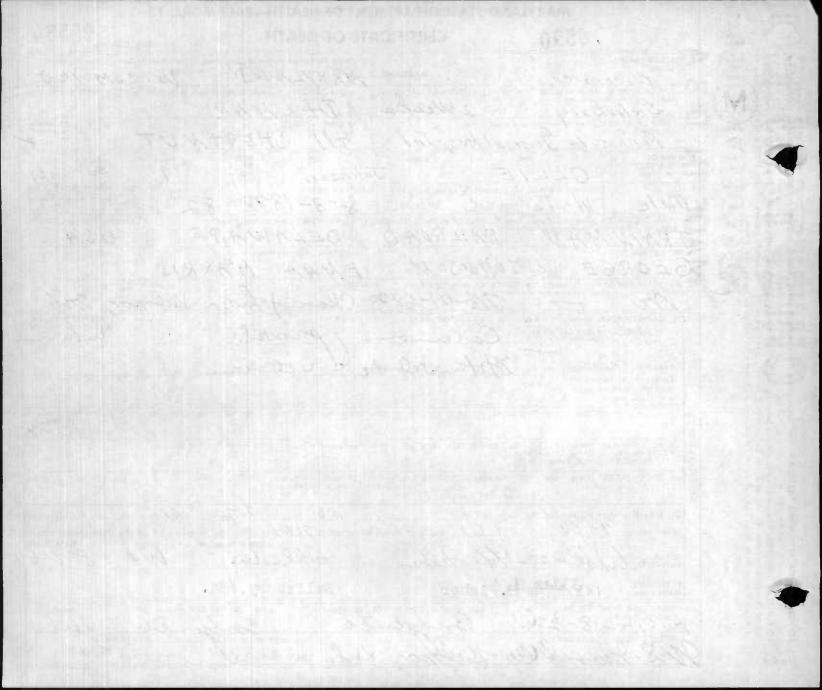
4		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
IJ	1	Wicomico Maryland	a. STATE Maryland b. County Wicomico
	-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
	S	write RURAL end give neerest town) alisbury, Maryland 1 mo. 13 days	Salisbury, Maryland
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
		Deer's Head State Hospital	401 Isabella St. VES NO X
		NAME OF First Middle	Last 4. DATE Month Dey Yaar
		DECEASED (Type or print) Phillip Hor	rseman OF July 1 19 61
	5.	SEX 6. COLOB OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		Male WIDOWED DIVORCED	3/9 / RR - Jast buthdey) Months Days Hours Min.
		. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired)	Y 1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
			Maiyland V.J.
	13.	ATHER'S NAME	14. MOTHER'S MAJOEN NAME
	/	Crry H. Norsman	Emily
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II.s, no, or unknown) (Ifygsgivgwgrordetesofservice)	NFOPMANT, Address MI
		162 Mild M # 1 612 - 23/1/2	LUKE NOT JM Zn, JZ/156107/1 H
		18. CAUSE OF DEATH [Enter only one cause for life for (sf. (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
111		IMMEDIATE CAUSE (e) / MWM CMCUS	y cupingsena sys.
		527, DUE TO	
		Conditions, if eny, which gava rise to immediate cause (b)	
		(e), steting the underlying DUE TO	
		causa lest. (c)	A STATE OF THE STA
1	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	TELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
7	ICAI	Lunerally all	esitop elerms - YES A NO
	CERTIFICATION	2De. ACCIDENT WAS UNDERLYING _ 2Db. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Part I or Pert II of item 18.)
	CAL		CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
	MEDICAL	Hour a.m. While Not While at work et work	ory, street, office bldg., etc.)
			May 18, 19 61 to July 1 , 19 61, that (1) (we) last
			death occured a6:45P, from the causes and on the date stated above
1		22a. SIGINATURE	ATTENDING MED. STAFF 32 3 1 SIGNED
		De naung	.D. PHYS. DIRECTOR PHYS. A 7-1-61
		PHYSICIAN'S NAME (Type) T T T	22d. ADDRESS
		Lee L. Layry, M.U.	Salisbury, Maryland
	236	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL (Specify)	OR CREMATORY 23d-10CATION, (City, town or county) (Stata)
	24	MERA DIRECTO'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	1	1. 1. Messech Vivalue 11	M. DATE JUL 6 '61 anthon S. Kraus



1	1 49	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
日	4		2589 CERTIFICATE OF DEATH Reg. Dist. No. 08583
Page 1	director, led with		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY
	120 19 40 1		Nicamico MARYLAND MId. SomErSE!
death	De la		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
fter	shauld	-	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS
75 0	X (1) MX	-	OR INSTITUTION ON A FARM? PERCURSICA GENERAL BOX 377 (PIS FIELD P.O. YES NO DE
	l and	3.	NAME OF DECEASED Middle Lost 4. DATE Manth Day Year OF
nin 2	Pages 1	5	(Type or print) OUN FFYY HORSCY DEATH 7 19 6/ SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.)
wit	s. Petel	Ĭ.,	nale Meary WIDOWED DIVORCED JAN 9 1881 Tost birthdoy) Manths Days Hours Min.
cuted	camp paper tath.	100	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
exe	9 4 9		LABOTET SEATOOD MAYION MIL. U.S.
te be	carbo affer) 13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
certificate	physician smave car haurs aft		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT / Address / Address
	ng 72	{Ye	1, no resultanian (If yes, give was projected service) 220-12011 Ada M. Horsey Box 372 Md.
death	pleas pleas within		18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
the	ne att		PART I. DEATH WAS CAUSED BY: Julian ary Eclema 3 Days
that	by th t. Th y eve		Conditions, if any, which) the Chronice Conception Heart biles Amont
ires	ermit.		gave rise to immediate
redn	non sign ond i		couse (a), stating the under- lying cause last. (c)
3.	ran tran	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The	o par has urial emov		YES NO ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)
NA.	icate the b	CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
rsici	certification,	CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Net while foctory, street, affice bldg., etc.)! (Caunty) (State)
PH	this are use	MEDI	Haur a. m. While Nat while of wark at
DING	After After al, c		21. I certify that I attended the deceased fram July 6 , 19 6, to July 10 , 196, that I last saw the deceased
LENG	DR: /		alive an Ally O, 196 and they death occurred at 7.0 M, from the causes and an the date stated above. ADDRESS (Street, city ar town, state) DATE SIGNED
AT	e de de		SIGNATURE SECRET H. HELLING M.D. Salistruy Md. 7/10/6/
IL OF	uld by		PHYSICIAN'S
3	ERAL DIII		NAME (Type)
HOS	Poge 3	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY , 22d. LOCATION (City, town, or county) (State)
10	ē o _{g ₹}	23,	FINERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	A15 (4) 9/58	Z	whony E. Ward 1125, 4 SI, Cristield Md DATE JUL 13 161
		-	S. Prace

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 08585

1. PLACE OF DEAT	н			2. USUAL RE	SIDENCE	(Where decease	ed lived, If in	stitution: Residen	ce before edmiss	ion)
e. COUNTY	Wicomico		MARYLAND	a. STATE	M7		b. COUNT	~		
b. CITY OR TOWN	(if outside corporate limit	is, c. l	LENGTH OF STAY IN 16		Mary I		limits, write	RURAL and give	rset neerest town)	
Salisb	d give neerest town)		297 days			Anne,				
d. NAME OF HOSP	ITAL OR INSTITUTION (f not in hospital,	give street eddress)	d. STREET AI	DDRESS				e. IS RESIDEN	
	Head State	Hospita					17	X -7	YES NO	-
3. NAME OF DECEASED	First		Middle	Last	4.	OF	Month	Day	Year	
(Type or print)		arry		Jones		DEATH	July	7 29	19 61	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH			a 6 1-41 days	F UNDER 1 YEAR		_
Male	Colored	WIDOWED A	DIVORCED	11/9/188	35	75		Months Deys	Hours Mir	п.
10a. USUAL OCCUPA	TION (Give kind of work	IDb. KIND C	F BUSINESS OR INDUS	TRY 11. BIRTHPLAC	E (County &	& Stele, or fore	ign country)	12. CITIZEN C	F WHAT COUNT	TRY
Machini	orking life, even if retire	Auto	mobile	Prince	egg A	nne Mo		US.	A	
13. FATHER'S NAME		1 2200 00		14. MOTHER'S A			-		-	
Henry C.	Tones			Matil						
	ER IN U.S. ARMED FOR	CES2 16 50CI	AL SECURITY NO. 17.	INFORMANT	. Clar D.	III T CII	Address			
(Yes, no, or unkown) (If yes give war or dates of se	rvice)						. 76		
	DEATH [Enter only one		In In	enry C.J	ones	Jur. Pr	inces		, Md TERVAL BETWEEN	
Conditions, if on gave rise to immed (e), stating the cause last,	diale cause DUE TO		teinon	nay	1 / 2	e ou	re		gra	2
PART II. OTHE	R SIGNIFICANT CONDIT							N IN PART 1(a)	19. WAS AUTOP PERFORMED YES NO)?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	2Db. DESCRIBE	HOW INJURY OCCUR	ED. (Enter nature of in	njury in Perl	t I or Part II of i	tem 18.)			
ZOc. TIME OF INJU	JRY Month, Dey, Yes	WhileI		LACE OF INJURY (Honctory, street, office b		2Df. (City or	lown)	(County)	(State)
21. I certify	that (I) (this hospit		the deceased from							
22a. SIGNATURE	4-	P			7:45	P.M.	-		22b. DA	TE
N	ud d	ass	and a	M.D. PHYS.			HYS.		7/29/6	NED
22c. PHYSICIAN'S NAME (Type		wry, M.	b .	22d. ADDRE		d State	Hospi	tal:Sali	sbury M	d.
22 RUPIAL CREMAT	ION, 236. DATE THER	FOF 23c	. NAME OF CEMETER			23d. LOCATIO			(Stete)	AT
Burial	8/2/61		John Wesl					nne, Md	(5,5,5)	
24 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	2			25b. REGI	STRAR'S SIGNA	TURE	
William H	.James Jr	Princ	ess Anne,	Md o	ATE AUG	3 '61	an	ilun S. Kra	u.A	

4,232 Ger Zentil educit best a west. Hale Colored sin intig at the later, stead o sengted to be a for sheet STA STATE TO STATE AU . OF THE ST Carcinon of Tratate o gave 7 1/28/d Der B. Head Stend Stock Indiana, 1801. ing it bases it. f. with the second to the second to the second the second to MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

feet and of the second S STATE ME IL DAYS I FELLEN STATE CHAON SHAW MILENS AREAS HILL OF BUILDING ME STATE OF BUILDING BUILDING The adjoint the transfer of the land of the land A TO A TOTAL COMMENT CO. TO I SEE SEE SEE Part of The Carmer Ber Ding Inc. Present of the State of SATURDS THE WALL STRINGS

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12593

CERTIFICATE OF DEATH

	2000		em / Film (+290 7/20	/6] int			1000	5.9
1. PLACE OF DEAT	Н			2. USUAL RESID	ENCE (Where de			nce before	admission)
	d and an		MARYLAND	e. STATE		b. COUN			
	if outside corporete limit	ls. lc.	LENGTH OF STAY IN 16	c. CITY OR TOW	ryland VN (II outside corp	orata limits, write	RURAL and give	neerest to	wn)
writa RURAL end	d give nearest town)								
Salisb			yrs.		sbury				
d. NAME OF HOSPI	TAL OR INSTITUTION (f not in hospital	, giva street address)	d. STREET ADDR	ESS				A FARM?
Peningul	a Gen. Hesp								NO T
3. NAME OF	First	-	Middle	Last	4. DATE	Month	Dey		
(Type or print)					OF DEATH			10	
	Mack		Kir	kland		7	2		61
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9	last birthday)	Months Deys	Hours	R 24 HRS.
M	AA	WIDOWED	DIVORCED	Net Knewn	1	59 yrs.	Months Deys	Hours	Min.
10e. USUAL OCCUPAT	TION (Give kind of work	106. KIND	OF BUSINESS OR INDUS		County & State, or		12. CITIZEN	OF WHAT	COUNTRY
done during most of we	orking life, even if retire	d)	-						
Laborer			Farm	Alabai			USA		
13. FATHER'S NAME			1	14. MOTHER'S MAIL	DEN NAME				
Net Kn	own			Not K	newn				
15. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16. 500	CIAL SECURITY NO. 17.		11 44	Address			
	lfyas give wer or detes of se	ervice)							
No			18 5906 M	rs. Maggie J	Kirkland,	, Salisb			
	DEATH [Enter only one	cause per line f	or (a), (b), end (c).]	2-0	0	A		NSET AND	DEATH
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (+)	4	De a Ox	2 / - 16	may the	2LD	Le	M	and
6111	1 ~		Jule 1.						
174	DUE TO	01	1 1		0 - (1 . 0	1 0	> 11 -	4
Conditions, if en	1-/_	N	1/seller	sur ar	dio	ascul	ar.	yea	wa
geve rise to immed	DIJE TO		107		GL				1
(e), steting the L	indertying		Jan Mari	Tusin	tule	nosal	eliano 1	ans	R
	P SIGNIFICANT CONDI	TIONS CONTRIB	BUTING TO DEATH BUT N	OT RELATED TO THE TE	PMINAL DISEASE	CONDITION GIV	FN IN PART 1(a)	19. WAS	AUTOPSY
0	K SIGINITEAN CONDI	CONTRIB	The reserve	TOT KEEPIED TO THE TE		COMPINION ON		PERF	ORMED?
3			0 4					YES	NO 4
20a. ACCIDENT WORLD OR CONTRIBUTING	AS UNDERLYING	20b. DESCRIB	E HOW INJURY OCCUR	D. (Enter neture of injury	y in Pert I or Pert I	Il of item 18.)			
U (IF EITHER, NOTIFY	MEDICAL EXAMINER						_		_
ZOC. TIME OF INJU	JRY Month, Dey, Yee	20d INIII	IRY OCCURRED 200. PI	ACE OF INJURY (Home,	ferm 20f (Cit	y or town)	(County)		(State)
0	oki Monin, Dey, Tee	While		ctory, street, office bldg.		, 01 10 111,	(County)		(51010)
Hour a.m.	19		at work	1		0.1			
21 L cortify	that (I) (this hoppit	al) attended	the deceased from	heal 26	126/ 10	Keller	2 1961	that (I)	(we) las
			/ .	//	~ 10	11	1)		
saw the decea	sed alive on	well gold	19 (0./, and the	death occured a	M, Iron	Tine causes	and on the		
220. SIGNATURE	0/ ///		10	ATTENDING_	MED.	STAFF	01	22	b. DATE SIGNED
2/1)	Venkyr	- Aan	elly-	M.D. PHYS.	DIRECTOR	PHYS.	July	8.19	61
22c. PHYSICIAN'S		1		22d. ADDRESS			// /		
NAME (Type	G. Herbert	Sembly	. MB//	400 East	t Ch urch	Street	. Saliab	urv.	Md.
220 BUDIAL CREMAT	ION, 236. DATE THER		c. NAME OF CEMETERY			ATION (City, to			Steta)
REMOVAL (Specify) , ,			ON GREMATORI				(,
Burial	7/8/61		Bivens Cem			Illen, M			
24 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		REC'D BY REGIS		- 1-	,	
White the		Salisbu	v. Ma	DATE	JUL 1 3 '6	01 6	Irthur S. Ft	aua	
一工四年工程工程(日本)	. Jelley	wood							

on the state of th _ _ _ _ zwwallar The string of th reducing the Heep of Toresta 13 L the in 1996 time. Neces of the the the thirty is a series of the last May the term market, for the series, Mr. PURLEMENT BURNES PROGRAM DO A CAMPAGE AND AND A Market and the control of

VS A1S (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8594

CERTIFICATE OF DEATH

Reg. Dist. No. 08588

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
RURAL and give nearest town) SA 115 bu R Y	Pocomoke, md
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
PENINSULA GENEVAL HOSD.	Route3 QSX- VES ▼ NO □
3. NAME OF First Middle	last 4. DATE Manth Day Year
(Type or print) Robert Lee	MAPP DEATH JULY 10 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE NEGRO WIDOWED DIVORCED	Oct, 20, 1902 Syrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane lob. KIND OF BUSINESS OR INDU- during a bit of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Ea cover Farm Worl	K Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John H. Mapp	lincre Strallon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service]	NEORMANT Address O N'A WILL
None la	aura allen tocomsteally, 1/d.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	Hemore as INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	remorrhage 14 days
DUE TO	
Conditions, if any, which gave rise to immediate (b)	
cause (a), stoting the under-	
lying couse lost. (c)	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF URREI	O. (Enter noture of injury in Part I ar Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2. (cale) notice of injury in ran 1 at ran in or item (b.)
1 = 11 for	ACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State)
Hour o. m. p. m. 19 While Nat while of work of work	
21. I certify that I attended the deceased fram 6 /24	196/, ta 7//U 196/that I last saw the deceased
alive an 7/10/6 19 G/L, and that death	accurred at 4. M. fram the causes and an the date stated abave.
1 - 1 1 - 1	ADDRESS (Street, city of town, stole) DATE SIGNED
SIGNATURE and 1 2 churce	M.D. Salesburn Red July 10, 196
PHYSICIAN'S	
NAME (Type) David J. Gilmore	
220 BIRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. (City, town, or county) (Stote)
Durial 1-16-61 Accornac	cem. Hocomac, Va.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Scanney Source Non Church	DATE JUL 17'61 Orthur S. Kraus

STORE DE LA LUE DE LA PRINCIPA DEL PRINCIPA DE LA PRINCIPA DEL PRINCIPA DE LA PRINCIPA DEL PRINCIPA DEL PRINCIPA DE LA PRINCIPA DE LA PRINCIPA DEL PRINCIPA DEL PRINCIPA DE LA PRINCIPA DEL PRINCIPA DEL PRINCIPA DE LA PRINCIPA DEL ten noula General Hotel -Establish Republished Virginia John to Page 1 Traine Stratton None and aller of the state of ogestio .. Nived I. Eginal True st Asserting Claim Hayamach, Van Colonian and an ordered the Chinese . Va.

1	1	2	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
4		8		8595 CERTIFICATE OF DEATH Reg. Dist	. No. 02520					
Page	ed wit	-	1. [PLACE OF DEATH 5. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE MARYLAND MARYLAND ARY JANO D. COUNTY COOR	before admission)					
death.		VI		a. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)						
after of	2			d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION OR INSTITUTION	6. IS RESIDENCE ON A FARM?					
is by	P 08	2		PENINSULT GENERAL HOSPITAL 112 W. FEDERAL STREET	Day Year					
n 2 n	es –	36		Type or print) WAITER THADDEUS MASON DEATH JULY	Day Year 13 196 /					
withi	Pag .		S. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years WUNDER)	YEAR IF UNDER 24 HRS. Days Haurs Min.					
cuted	apers th.		10a		EN OF WHAT COUNTRY?					
e exe	rban pap ter death.		77.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1						
ate b	5 0 6	1	-	Stephen & Mason Ellen Filchard	0					
certificat	72 haurs		IS. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANY (If yes, give wor or dates of service)	md					
death	pleas			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET, AND DEATH					
the of	Then vent v			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carely rescular Caricles By Due to	21/2 hours					
thought the	any e	9		Canditions, if any, which) (b) arterior clauses = heart disease						
equire	d in	7		gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (c)						
physicio	aval, ar	3	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Chunic bronchitis and pulmenay employeems - Carerum of Purente	1(a) 19. WAS AUTOPSY PERFORMED? YES NO					
IAN: The	the bur ar rem			20a. ACCIDENT WAS UNDERLYING OCCURRED (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ection 5 July 61					
PHYSIC al ar att	use as ematian,		MEDICAL		aunty) (Stale)					
DING naspite	ed far al, cr			21. I certify that I attended the deceased from 27 June , 1961, to 13 July , 1961, that I los	t saw the deceosed					
the H	etach a buri	1		alive on 13 July , 1961 , and that death occurred at 350 A.M., from the causes and on the ADDRESS (Street, city at tawn, state)	date stated obove. DATE SIGNED					
ed by	d be d priar	/	i	actual signature Joseph F. F. F. gerald M.D.						
of the stain	should trar p			PHYSICIAN'S NAME (Type)	Ω					
HOS may be	page 3 the regis	0	220	BURIAL, CREMATION, 22b. DATE THEREOF PEMOVAL (Specify) 22d LOCATION (City, town, of county)	(State)					
0 E C	13	A	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN						
1SM 9/			L	ROUGE Dynnes Such Rell my DATE JUL 17'61 and S.	7 Crassed /					

rs after death. Page 4

BEAST SCHOOL STANDISCO ST. SCHOOL the state of the s

DIVISION OF STATISTICAL RESEARCH AND RECORDS . PRESTON STREET, BALTIMORE 1, MARYLAND 8596 CERTIFICATE OF DEATH USUAL RESIDENCE (Whare daceased lived, If institution, Rasidanca before admission 1. PLACE OF DEATH a. COUNTY b. COUNTY Maryland Kent Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, by that C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Chestertown. days .57 Salisbury filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 110 Prospect Street Deer's Head State Hospital YES NO D NAME OF Last DATE Day Middle Month DECEASED (Typa or print) DEATH 1961 James July MAYNOR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. 195 birthday) Male Colored WIDOWED [DIVORCED physician 1Db. KIND OF BUSINESS OR INDUSTRY 1Da. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? гетоме 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retirad) Various Laborer Florida 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please guipa Gilbert Maynor unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give war or datas of service) Chestertown, Md. Luvienur Maynor 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Recurrent cerebral thrombosis days IMMEDIATE CAUSE (a) DUE TO Years Conditions, if any, Arteriosclerosis, general gava risa to immadiata cause DUE TO (a), stating tha undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 2Da. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH for After this 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm,) 2Df. (City or town) (County) (Stata) factory, street, offica bldg., atc.) Whila Not While at work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from June 22., 19.61, to July 25..., 1961, that (I) (we) last plnods 19.61, and that death occured at T.P. M. from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. 6 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Juerman, M. D. Deer's Head Hospital: Salisbury, Md. director, be filed 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 236. DATE THEREOF Chestertown, Pomona Cemetery Near -0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Chestertown, Md. DATE JI 2 8 '61 15M 9/60 arthur & House

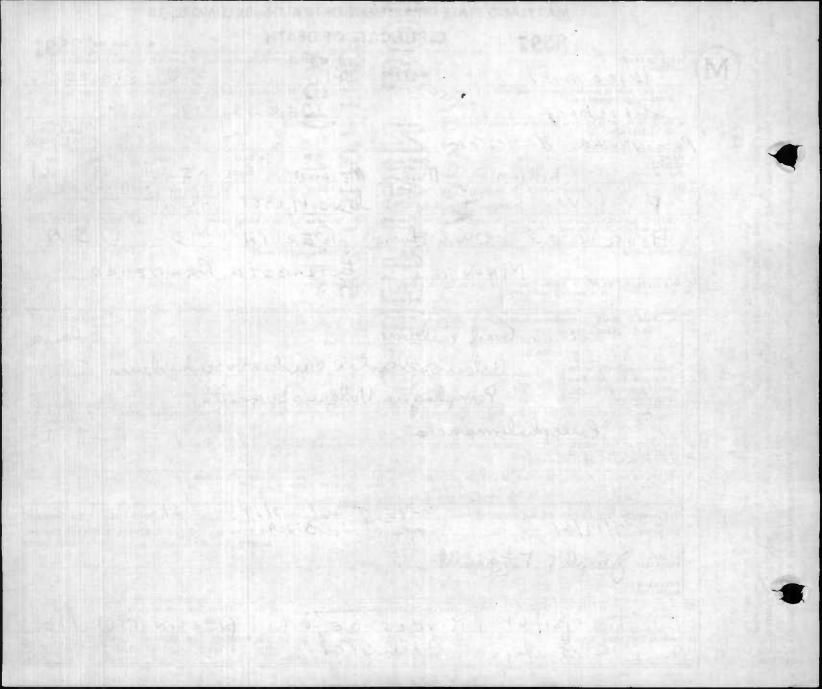
death

MARYLAND STATE DEPARTMENT OF HEALTH

THE WATER Street Color of the country Bill of the Color of the Colo

8:		RURAL and give	(If outside corporate linearest tawn) ITAL (If not in pospitol, La General Corporate linearest tawn) 6. COLOR OR RACE		MARYLAND ENGTH OF STAY IN 1b	c. CITY OR TOWN (III	f outside corporate	b. COUNTY	ORCES	TER.
8:		d. NAME OF HOSE OF DECEASED (Type or print)	ITAL (If not in pospitol,	give street oddre	iss)	d. STREET ADDRESS	RLINI	limits, write RU	RAL ond give nec	e. IS RESIDENCE ON A FARM?
8		OR INSTITUTION PARTITUTION PAR	ITAL (II not in pospital, La He F 6. COLOR OR RACE	nera	_	MAI	y ST		XS/	ON A FARM?
		(Type or print)	6. COLOR OR RACE		Middle		V 31			IES NO
		(Type or print)		ILM		Last	4. DATE OF	Manth	Do	
	1	F		7. MARRIED T	Mae Never Married	ME/SOM B. DATE OF BIRTH	DEATH 9.	GE (In years	F UNDER 1 YEAR	196
	- 11		W	WIDOWED	DIVORCED	JUNE 17,1	888	ost birthday) 73 yrs.	Manths Days	Haurs Min
		during mast af wo	ION (Give kind of work irking life, even if retire	done 10b. KIND	OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (\$10	te or foreign count	MD	12.CITIZEN OF	S A
1	1	3. FATHER'S NAME		NI =		14. MOTHER'S MAIDEN	NAME	B		
-		S. WAS DECEASED EN (Yes, no, or unknown)	ER IN U. S. ARMED FO		AL SECURITY NO.	INFORMANT	BTH	Addres	FORD)
	-	18. CAUSE OF D	ATH [Enter only one of	couse per line far	(a), (b), and (c),]				linti	ERVAL BETWEEN
			ATH WAS CAUSED BY:		Failur			ie siere	ONS	SET AND DEATH
		Conditions, if	DUE To	0.0	in les	otie card	liovas	اء میعالید	10000	>
	3	gave rise ta couse (o), stotin	immediate DUE To	° Par	a Chia	11.0000000	A. A.	0		
3		Z PART II. O	THER SIGNIFICANT CO	NDITIONS CONTI	RIBUTING TO BEATH BI	JT NOT RELATED TO THE TER	MINAL DISEASE CO	DNDITION GIVE	N IN PART 1(o)	19. WAS AUTOPS
		PART II. O	/AS UNDERLYING	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter nature af injury i	n Part I ar Part II a	of item 18.1		YES NO
		OR CONTRIBUTION	G CAUSE OF DEATHY MEDICAL EXAMINER)	1						
		Y 20c. TIME OF INJU Hour o. m	10		Nat while	PLACE OF INJURY (Hame, fa foctory, street, office bldg., e	rm, 20f. (City or	tawn)	(Caunty)	(Sto
1		21. I certify	hat I attended the	e deceased f		, 19.6 L, ta	7/19			w the deceas
		alive an7	119161	, 19	, and that dea	th accurred a 2 20	ADDRESS (Street			e stated abar DATE SIGN
		SIGNATURE	Deple (.)	Fitzger	ald	_M.D				
		PHYSICIAN'S NAME (Type)								
	2	22a. BURIAL, CREMAT REMOVAL (Specif		OF 22c	NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, tawn, or	county)	(Stote)

TO HOSE I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death. Page 4 may be refained by the haspital or attending physician. VS A1S (4) 15M 9/SB



FOR STATE TO DEPOTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Heelth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

8598 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	10500
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Resi	derice-before dmission)
. re. COUNTY	a. STATE b. COUNTY	om t a a
b. CITY OR TOWN (if outside corporate limits, c., LENGTH OF, STAY IN 1b		omico
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end g	iva neerest town)
Traskin Litetine	Tvaskin	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d STREET ADDRESS	a. IS RESIDENCE
		ON A FARM?
3. NAME OF First Middle		YES NO
DECEASED	Last 4, DATE Month D	Day Year
(Typa or print) / DO/C/ & Me	ssick 7-13-61	19
5. SEX O. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	AR IF UNDER 24 HRS.
THE OWNER OF THE OWNER OWNER OF THE OWNER O	O V I V J - last birthday) Months Day	/s Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTR	Ууг.	
dong Juping most of working life, avan if retired)	RY 11. BIRTHPLACE (Stata or foreign country)	N OF WHAT COUNTRY?
Unemployed -	Maryland	, J ,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
10/2 /2 - lov	112x2 / Rohox	4-
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17.	INFORMANT Address	17
(Yes, no, or unkown) (Ifyes give wer or detes of service)	1-1. 11	2 (156 KY)
	artin //essicki	Mai
18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (e)		
//2 /2 //	Lusion	Sudden
7 LOIO DUE TO		
Conditions, if any, which) (b) Arterio-scles	cotic heart disease-	Years-
geve rise to immediate cause (e), stating the underlying DUE TO		
causa last. (c)		
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8	19. WAS AUTOPSY
		PERFORMED?
<u>5</u>		YES NO A
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS C	Enter netura of injury in Pert I or Pert II of item 18.)	
CAUSE OF DEATH.		
20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PLA	ACE OF INJURY (Homa, farm, 20f. (City or town) (County)	(Stete)
D Hour e.m.	tory, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above, he	ald an Autopsy , Inspection X, Inquiry X,	nd in my opinion
death resulted from: Natural causes 7. Accident . Suic	ide , Homicide , Undetermined manner	
(CHIEF MEDICAL EXAMINER	
ACTUAL E		D. T. OLG LUDD
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Earl L. Royer, M.D.	DEPUTY MEDICAL EXAMINER X 7-13	-OT
NAME (Type) 107 Camden Ave. Salisbur	Matress (Street, city, town, or county)	Cold - to the Cold
22a BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or country)	(Stata)
Buy12 7/15/6/ Tydskin	Om NIEKE M.	rryland
23. FUNERAL DIRECTOR ADDRESS	1 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	ATURE
PHALLOS 1 Pinglip	7// -	
1.11 WSACK DIGGIO.	10 DATE JUL 17'61 Chilling S. 9	Contract Con

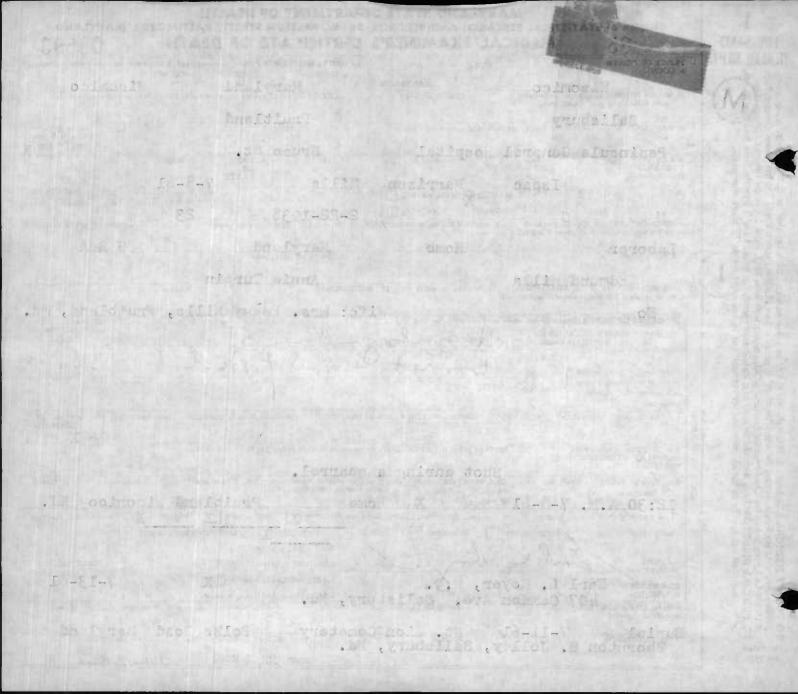
ALCOLD, LOCAL, ALCOLD hot company the secondary in the new contract

FOR STATE DEP1

MARYLAND STATE DEPARTMENT OF HEALTH Division of Maristical Research and Records, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08593

1. PLACE OF DENTE	99	2. USUAL RESIDENCE a. STATE	EE (Where daceasad livad, If b. COUN		ta before edmission)
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerast town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	yland outside corporata limits, write	Wicomi e RURAL and give n	.CO
Salishury		X Frui	tland		
d. NAME OF HOSPITAL OR INSTITUTION (if no	ot in hospitel, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Peningula Genena	1 Hognital	Bruce	St.		YES NO
Peninsula Genera 3. NAME OF DECEASED	1 110SPI Middle	Last	St. 4. DATE Month	n Dey	Yeer
(Type or print)	TT !	36477	OF DEATH 7 0 (19
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	/IDOWED DIVORCED	0 00 = 00	last birthdey)	Months Days	Hours Min.
10e. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	2-22-1938 Y 11. BIRTHPLACE (Sieta of	or foreign country)	12 CITIZEN OF	F WHAT COUNTRY?
done during most of working life, even if retired)			, roroign country,	12. 6/1122/1 0/	WINI COUNKI
13. FAMER'S NAME	Home	Maryla:	ad	US	A
13. PATIER S NAME		14. MOTHER 5 MAIDEN P	IAME		
Edmund Mills		Annie	Turpin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unkown) (If yes give war or dates of servi	37 16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address		
No	Wi	fe: Mrs. P	eggy Mills,	Fruitle	and. Md.
18. CAUSE OF DEATH [Enter only one case	use per lina for (a), (b), and (c).]	0	000	INTE	ERVAL BETWEEN SET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Hemon In	e drea	The same	O/4.	SEI AND DEATH
981 Y DUE TO	0000	1	DA A	- 0	0
Conditions, if any, which (b)	Bullet	sermed of	New		show
geve rise to immadiata cause					
(a), stating the underlying DUE TO					
	NS CONTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN DART 1(a) 1	WAS ALITORSY
PAKI II. OTALK SIGNIFICANI CONDITIO	NO CONTRIBUTION TO DEATH BUT NO	I KEEATED TO THE TERMINA	AL DISEASE CONDITION GIV		PERFORMED?
3				Y	ES NO
PRIMARY OF CONTRIBUTING	DESCRIBE HOW INJURY OCCURED. (E	nter nature of injury in Part	or Part II of item 18.)		
	Shot during a	quarrel.			
20c. TIME OF INJURY Month, Dey, Year Hour a.m.	2Dd. INJURY OCCURRED ZOo. PLA	CE OF INJURY (Home, farm, pry, street, office bldg., atc.)		(County)	(Steta)
12:30-MA M 7-81-61		me	Fruitland	Wi comi co	o Md.
21. I certify that I took charge of t			nspection X Inquir		in my opinion
death resulted from: Matural cause				Las	in in opinion
Committee from:	Accident [], Suici	CHIEF MEDICAL E	A		
ACTUAL E	16_				
SIGNATURE		M.D. ASSISTANT MEDI			ATE SIGNED
EXAMINER'S Earl L. Ro	yer, M.D.	DEPUTY MEDICAL	EXAMINER X	7∞.	13-61
NAME (Type) 107 Camde	n Ave NAME OF CEMETERY OR	Add & (Street, ci	ty, town, or county)		6
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town	, or country)	(Stata)
Burial 7-11-6	Mt. Zion C	emetery	Polks Ros	d Mary	land
Thornton B. Joll	ey, Salisbury,	Md REC'	D BY REGISTRAR 246. REG	ISTRAR'S SIGNATU	RE
111011110011 28 0011	,		UL 1 8 '61 C	Tolling of the	·u4

ydelay is necessary, kineral director. Page please execute the certificate, writing the word "pending" in pending 18 Give Pages 1, 2, and 31 of the Kuneral director 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. JTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. TO DER VS. A15ME 5M 7/59



1.	1 16		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
#	79		8600 CERTIFICATE OF DEATH	Dist. No. 08594
Poge	director ed wit		PLACE OF DEATH a. COUNTY WICOMICO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of the county	dence before admission)
de o #	be ad f	1 /	b. CITY OR TOWN (If outside carparate limits, write RURAL and RURAL and give nearest tawn)	d give nearest town)
ofter	sho		d. NAME OF HOSPITAL (Mart in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Ď	£80 82	3.	NAME OF First Middle Last 4. DATE Month	YES NO Day Yeor
nin 24	Poges 1		(Type or print) John Finlax Neilson DEATH July	30 1961
Hiw P		1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARKIED 8. DATE OF BIRTH Ost birthdoy) Months yrs.	S Days Haurs Min.
execute	ond compler rbon popers. er death.	10a	a. USUAL OCCUPATION (Give kind of work done during life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. Country 12. Country 13. BIRTHPLACE (Stote or fareign country)	TIZEN OF WHAT COUNTRY?
te be	corbo	13.	FATHER'S NAME	1.41
certifico	ng physicion 27 remove cort 72 hours offe	75. (Ye	WAS PECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give war or dates of service) (If yes, give war or dates of service)	Bivalie
requires that the death certificate be executed within	igned by the ottendi permit. Then pleose in ony event within		18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stoting the under-lying cause lost. (b) DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH
low	rons l, on	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: Th	se os the burioliotion, or remove	CERTIFI	20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
PHYSICIAN: The	. = > E	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. 20d. INJURY OCCURRED While Not while at wark at wark at wark 19 at wark 19 Not while 19 Not while 19 Not while 19 Not while 19 Not wark 19	(County) (State)
COR ATTENDING	DIRECTOR: Altorador de la contra del contra de la contra del		21. I certify that I attended the deceased fram	last saw the deceased the date stated above DATE SIGNED
9SP	JNERAL e 3 shouredistrain	220	o- BURIAL, CREMATION, 22b, DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Jown, or county REMOVAL (Specify)	y) (Stote)
10 HO	Page the re	23.	FUNERAL DRECTOR'S SIGNATURE APPRESS 11 240. REC'D BY REGISTRAR 246. REGISTRAR'S	SIGNATURE
VS A 15M	15 (4) 9/58		The local design of the last o	S. Kraus

VR A15 (4)

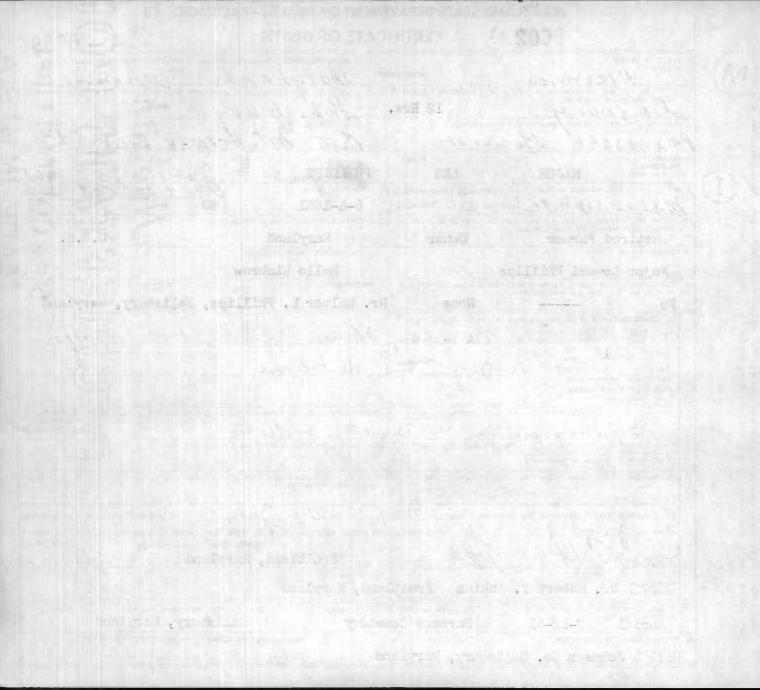
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 08595

1.	PLACE OF DEATH		2. USUAL RESIDEN	CE (Whara deceased lived,	If institution: Res	idence before edmission)
	Wicomico	MARYLAND	. STATE Mary	Land	Que	en Anne's
	 CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate limits, v	vrite RURAL and g	give nearest town)
	Salisbury	2h days	Chest	er	17x	- 2
	d. NAME OF HOSPITAL OR INSTITUTION (if no		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Deer's Head State	Hospital				YES NO
3.	NAME OF First DECEASED	Middle	Lest	4. DATE Mo	onth	Dey Yeer
	(Type or print) Jerry	N	ickerson	DEATH JU	ily]	19 61
5.	SEX 6. COLOR OR RACE 7.	MAKKIED HELEK WAKKIED RE	DATE OF BIRTH	- last birthda	ers IF UNDER 1 YI	
	Male Colored	VIDOWED DIVORCED	Sept.8, 189	94 66 yrs	MOHITIS	ys Hours Min.
10 de	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & State, or foreign count	ry) 12. CITIZI	EN OF WHAT COUNTRY
	Laborer FATHER'S NAME	Domestic	Marylane	d	U	.S.A.
13	Unkown			nknown		
	. WAS DECEASED EVER IN U.S. ARMED FORCES		INFORMANT	Add	ress	
	es, no, or unkown) (Ifyes give wer or dates of servi					
U.	nknown Unknown 18. CAUSE OF DEATH [Enter only one ce	Unknown use per line for (e), (b), and (c),				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:					ONSET AND DEATH
	HAMEDIATE CAUSE (a)	Pulmonary edema			-	10 minutes
	Conditions, if any, which) (b) A	rteriosclerotic c	andi arragan la			0
	geve rise to immediate cause	retroscierotic c	archovasculai	ulsease		•
	(a), steting the underlying DUE TO					
_	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	OT DELATED TO THE TEDIAL	NAL DISEASE CONDITION	CIVEN IN PART 1	(a) 10 WAS AIMORS
10	PART II. OTHER SIGNIFICANT CONDITIO	CONTRIBUTING TO DEATH BUT IN	OT KEENTED TO THE TERMI	INAL DISEASE CONDITION	GIVEN IN FAKI	PERFORMED?
ICA	Nephrosclerosi					YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCCURE), (Enter netura of injury in	Peri I or Pari II of Item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.		ACE OF INJURY (Home, ferr tory, street, office bldg., etc		(Count	y) (Stete)
X	p.m. 19		Tune 20	10.67 . Tooler 7	1. 4067	
	21. I certify that (I) (this hospital)	attended the deceased from.	oune zo,	19.01., to.u.u.y	LIII	Lu, that (I) (we) las
	saw the deceased alive onJuly		death occured at.	15 A.M. Caus	es and on In	e date stated above
	V Juen	1101	ATTENDING	MED. STAFF PHYS.		7/11/61
	22c. PHYSICIAN'S NAME (Type) Juerman	n, M. D.	Deer's Hea	ad State Hosp	ital; Sa	
	REMOVAL (Specify)	1961 Chester		23d. LOCATION (City)		(Stete)
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A	1 25e. RE	C'D BY REGISTRAR 25b.		
1	Almar B () as	the Sand	M WODATE J	UL 1 9 '61	Orthun S.	Tivalla

i oodnooti TOTAL PROPERTY. Leave and a say biell a hood Sept. S. 1894 P. acception a legacotives alto efectionity . The last tent of a fact to the transit of the last tent Line of the trade of the day of the court of the state of THE DISTRICT OF THE PROPERTY O

	MA	RYLAND SIA	ATE DEPARTA	MENT OF HEAL	TH-BALTIM	ORE, 18			
	86	02	CERTIFIC	ATE OF DEA	TH	R	Reg. Dist. No	08	596
	1. PLACE OF DEATH O. COUNTY WIRDMIN	20	MARYLAND	2. USUAL RESIDENCE o. STATE Marul		. COUNTY	Residence before		an)
	b. CITY OR TOWN (If outside carporal RUBAL and give nearest town)	te limits, write c. LE	NGTH OF STAY IN 16	1 01	(If autside corporate li				
1	d. NAME OF HOSPITAL (IF not in hosp OR INSTITUTION PENINSULA	Me ner		d. STREET ADDRESS	st. Her	AN I	Road	e. IS RESI ON A YES A	FARM?
	3. NAME OF DECEASED (Type ar print) MAJOR	First	Middle LEE	PHILLIPS	4. DATE OF DEATH	Manth	Do	ay Y	eor 96/
1	5. SEX 6. COLOR OR A	RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 6-4-1881	8 AG		UNDER 1 YEAR		
1	10a. USUAL OCCUPATION (Give kind of during most of working life, even if r Retired Farmer	etired)	of Business or Indi	USTRY 11. BIRTHPLACE (SI			12. CITIZEN O	S.A.	SYNTRUC
-	13. FATHER'S NAME		MIGI	14. MOTHER'S MAIDE			1 0.	D.A.	110
	Major Lemuel Phi	llips		Belle W	imbrow				
	15. WAS DECEASED EVER IN U. S. ARMEE	FORCES? 16. SOCIA	AL SECURITY NO.	INFORMANT		Address			TA P
	No		ne M	r. Walter L.	Phillips,	Salisb	ury, Ma	rylar	nd
	18. CAUSE OF DEATH [Enter only of PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY:	(0), (b), and (c).]	Edima			127	ERVAL BET SET AND	WEEN
	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b) De 9	generative.	Hant dese	ese			?	
	PART II. OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH BL	T NOT RELATED TO THE TE	RMINAL DISEASE CON	DITION GIVEN	IN PART 1(0)	PERFOR	RMED?
	PART II. OTHER SIGNIFICANT BYOLLO 20g. ACCIDENT WAS UNDERLUNG I OR CONTRIBUTING CAUSE OF I	20b. DESCRIBE	HOW INJURY OCCURR	ED. (Enter noture of injury	in Part I ar Part II of	tem 1B.)		YES []	NO 🕒
	20c. TIME OF tNJURY Month, Doy Hour a. m. p. m.	, Year 20d, tNJURY While at wark	Not while f	PLACE OF INJURY (Home, octary, street, affice bldg.,	arm. 20f. (City or tax	vn)	(Caunty)		(State)
	21. I certify that I ottended the deceased from MAY, 1961, to July 10, 1961, that I lost sow the deceased alive on July 9, 1961, and that death occurred at 2 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNATURE M.D. Fruitland, Maryland July 10, 19								
	PHYSICIAN'S Dr. Robert	T. Adkins	Fruitla	nd, Maryland					
	22g. Burial, CREMATION, 22b. DATE TO REMOVAL (Specify) 7-12-6	,	NAME OF CEMETERY		22d. LOCATION (City, town, or our		(State)
1	23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		EC'D BY REGISTRAR		AR'S SIGNATU		
	Hill & Johnson Co.	. Salisbur	y, Maryland	DATE	HL 1 3 '61	Critin	or S. Krou	A	



VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08597

PLACE OF DEATH O. COUNTY			2. USUAL RESIDENCE (Where	e deceased lived. If institution	: Residence before admission)					
0. 6001111	Wicomico	MARYLAND	Maryla	and b. county	Wicomico					
b. CITY OR TOWN RURAL and give	N (If outside corporate limits, write enegrest tawn) Hebron	c. LENGTH OF STAY IN 16	C. GITY OR TOWN (If outs	side corporote limits, write RU	RAL and give nearest town)					
d. NAME OF HOS	SPITAL (If nat in haspitol, give street	t address)	d. STREET ADDRESS		e. IS RESIDENCE					
OR INSTITUTIO	Walnut St		/ Walnut	t St	ON A FARM? YES NO TY					
3. NAME OF	First	Middle		I. DATE Month						
(Type or print)	WILMER	WASHINGTON	PHILLIPS	OF DEATH JULY	L2TH 19 61					
S. SEX		RRIED MEVER MARRIED	B. DATE OF BIRTH	lost birthday)	Menths Days Hours Min.					
Male	White widow		April 1,1886	75 yrs.	3 11 1000					
10a. USUAL OCCUPA during most of w	TION (Give kind of wark dane 10b varking life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State ar	fareign country)	12. CITIZEN OF WHAT COUNTRY?					
Watchman	/	None	Worcester	Co. Maryland	USA					
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM							
Albert	t Phillips		Ella Wilki	ins						
15. WAS DECEASED E (Yes, no, or unknown)	EVER IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)		NFORMANT	nillips(Wife	") Walnut St					
	DEATH [Enter only one couse per I	line for (o), (b), and (c).	aroux one man	10.110	INTERVAL BETWEEN					
	DEATH WAS CAUSED BY:	bear and here	2. 11/1 Part	had at	ONSET AND DEATH					
1120	IMMEDIATE CAUSE (o) DUE TO	more paye,	purada creo	The way	y o					
420	.0	1 to make	1 - 11.	1 71000						
Conditions, if	immediate	Whenes Clar	071C 11201	rt Diseas	e 10 your					
couse (a), statir	couse (a), storing the under DUE TO lying couse lost. (c) Arterios claros is, general, 3ed 10 yrs									
PART II. C	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	al disease condition give	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO X					
20a. ACCIDENT OR CONTRIBUTING	NG CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Por	rt I or Port II of item 1B.)						
20c. TIME OF INJ			ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)					
20c. TIME OF INJ	NT /A 10		nctory, street, office bldg., etc.)	N/A						
21. I certify t	hat (I) (this hespital) atten	ded the deceased fram.	28 May 196	1 to 12 Tul	/, 19_6_[, that (1) (==) last					
		U/196/, and that	death accurred and	from the causes and	I an the date stated above.					
22o. SIGNATURE	Mune M. So	Menon 5-	ATTENDING MED.	STAFF CTOR PHYS.	July /4 - /196					
22c. PHYSICIAN'S NAME (Type		/ /	22d. ADDRESS		1					
INAME (Type	Dr. Géorge G.	Schlesinger	Mardela.	Maryland						
	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		3d. LOCATION (City, town, or	county) (State)					
REMOVAL (Speci	1- July 14.196	Union (Cemeterv	RD # Salic	bury Maryland					
24. FUNERAL DIRECTO		ADDRESS		BY REGISTRAR 2Sb. REGIST	RAR'S SIGNATURE					
				4.72.104						
TOTALONY.	r or collegial	PATITODOUTT MAI	AYLAND DATE ILL	17'61	har & Harris					

6-24632 BOOK I SOME WILLIAM TO THE STATE OF THE STA dentification of the presentation THE RESERVE OF THE PARTY OF THE

is necessary, please exerctor. Page 4 shauld be priar to burial, crematian, TO DEFT. MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any of cute it, artificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeraforwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your 1 TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar ar remaval. VS. A15ME(5)

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	880	PICA	LEXAMI	AEK.2	CERIII	FICAI	E OF	DEATH	1 ,	Reg. Dist. No	. 08	593
1. PLACE OF DEATH					2. USUAL RES	SIDENCE (W	here deceas	ed lived. If h	stitution	r Residence be	fore admir	sion)
a. COUNTY	Wicomico	MARYLAND			o. STATE	Mary:	land	b. CO	UNTY	Wico	Wicomico	
b. CITY OR TOWN I	If outside corporate limits, write	RURAL	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						(n)	
	sbury		Hrs.		A	E	den	X				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				ess)	d. STREET						e. IS RE	SIDENCE A FARM?
Penir	nsula Gen.	Hos	pital			RFD ₁	#2.					NO T
3. NAME OF DECEASED (Type or print)	Ulysse:		S. A.	Poll	k, Sr.		4. DATE OF DEATH	Ju:	lanth Ly	Doy 29	Ye 15	61
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	ED B.	DATE OF BIRTH	ł		9. AGE (In year last birthday)		UNDER TYEAR		
Male	AA	WIDOWED	DIVORCE		Aug.	2, 18	96	/ A	yrs. M	onths Days	Hours	Min.
100. USUAL OCCUPAT during most of work Carpen	ION (Give kind of wark ing life, even if retired) ter	dane 10b. Ki	Building	R INDUST	RY 11. BIRTHPL Ma:	rylan	or foreign ç	ountry)		12. CITIZEN O	F WHAT	COUNTRY?
13. FATHER'S NAME					14. MOTHER'S	MAIDEN NA	AME				- 4	
Thomas	E. Polk,	Sr.			Al:	ice K	ing					
	VER IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO	D. 17. IN	FORMANT			Add	Iress			
No.	Ilf yes, give war or doles of	service)		vi:	vsses S.	A. P	elk,	Jr. Ed	en,	Md. Rt	#2	
	ATH [Enter only one cau	se per line f	or (a), (b), and (c).]		4		7			INTE	RVAL BETWEE	N
Candifions, if gave rise to imme (a), stating the cause last.	underlying DUE TO	a			where				la	4		
CATIO	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMIN	AAL DISEASI	CONDITION	GIVEN			NO T
	INTRIBUTING	b. DESCRIBE	HOW INJURY OCCI	JRRED. (E	nter noture of in	ijury in Port	I ar Part II	of item 18.)				
20c. TIME OF INJU		While	Not while at work	20e. PLAC	CE OF INJURY (I ory, street, affice	Home, form, bldg., etc.)	20f. (City	or tawn)		(County)		(Slote)
	hat I took charge d from: Natural		3				hami'	nspection and etermine		Inquiry [, and f	ind that
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Philip	A.	Ins ley	/	M.D. CHIEF A	MEDICAL EXA	AMINER L EXAMINE	R 🗌			DATE SI	GNED - 6 /
220. BURIAL, CREMATION REMOVAL (Specify Burial	ON. 226. DATE THEREO		22c. NAME OF CEME Friends					ion (City, to		ounty) Maryla	(Stole)
23. FUNERAL DIRECTO Thorntor		y Sa	ADDRESS alisbury			240. REC'D	BY REGIST	RAR 24b. R	EGISTR	AR'S SIGNATU	RE	

THE TRUMBER WITH THE PARTY OF THE PARTY OF the said and the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 1d. Film G290. 2/17/61 iwk

,	8605	CERTIFICA	ATE OF DEATH	1 '	Reg. Dist.	No. 00	500
1,	PLACE OF DEATH		2. USUAL RESIDENCE (WH	ere deceased lived. If institutio			ision)
	wicomico	MARYLAND	Maryland	P. CONVIX	este	r	1
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RU	RAL and giv	e nearest tow	n)
	Salisbury	mins.	Selbyvi	lle, Del. R.	F.D.		
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS	131	/ - 1	e. IS RE	SIDENCE A FARM?
	Peninsula General Hospi	tal		22)	-		NO
3.	NAME OF First DECEASED	Middle	Lost	4. DATE Mont	h	Day	Year
		rnell		DEATH July	3,19	-61	19
5.	SEX 6. COLOR OR RACE 7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH	Inst hirthdays		YEAR IF UND	-
	Male Colored WIDOWE	DE DIVORCED	July, 3, 189	lost pirthday)	monins De	ays Hours	Min.
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)		EN OF WHA	COUNTRY
	Farming		Maryland		U.S	• A	
t3.	FATHER'S NAME		14 MOTHER'S MAIDEN N				
	Joshua Fassett		Maggie F	umnell			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17.	NFORMANT	Addre	33		
	Yes W.W.L 2	18-20-6858	Margaret I	urnell, Selby	rvill		10-71
	1B. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).]	1			INTERVAL BE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	hyorardia	Infair	time		1 h	
	4 10 DUE TO	41	120				
	Conditions, if ony, which) (b)	Typer times	e Cardin	ascular			
	gove rise to immediate DUE TO	(/4		A		4	
	lying couse last. (c)			Elecisi		Ty	'ss
NO NO	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART I	(a) 19. WAS	AUTOPSY ORMED?
CAT						-	NO
RTIF	20g. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	art I or Part II of item 18.)			
L CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
NCA.		1 60	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	, 20f. (City or town)	(Cau	unty)	(State)
MEC	Hour a.m. While p. m. 19 at wark	1401 WILLIE					
	21. I certify that I attended the decease	ed fram 1-1	9 , 1957, to	7/3 196/	that I la	st saw the	deceased
	alive an 7 - 3 , 196	$\mathcal{L}_{}$, and that death		AM, from the causes a			
	1 1	110	1 0	ADDRESS (Street, city or town, s	tole)		ATE SIGNED
	SIGNATURE Every Live	Jully of	Ros Con	elin Min		7/	5/61
	PHYSICIAN'S IVON FI.	Sully !	In. MD	Berlin.	Md		7
220	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, at	county)	(Sto	te)
	Burial 7-9-61	Evergreen (Cemetery	Berlin .	Md.		

MUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTEAR

24b. REGISTRAR'S SIGNATURE

TO FUNER VS A15 (4) 15M 9/55

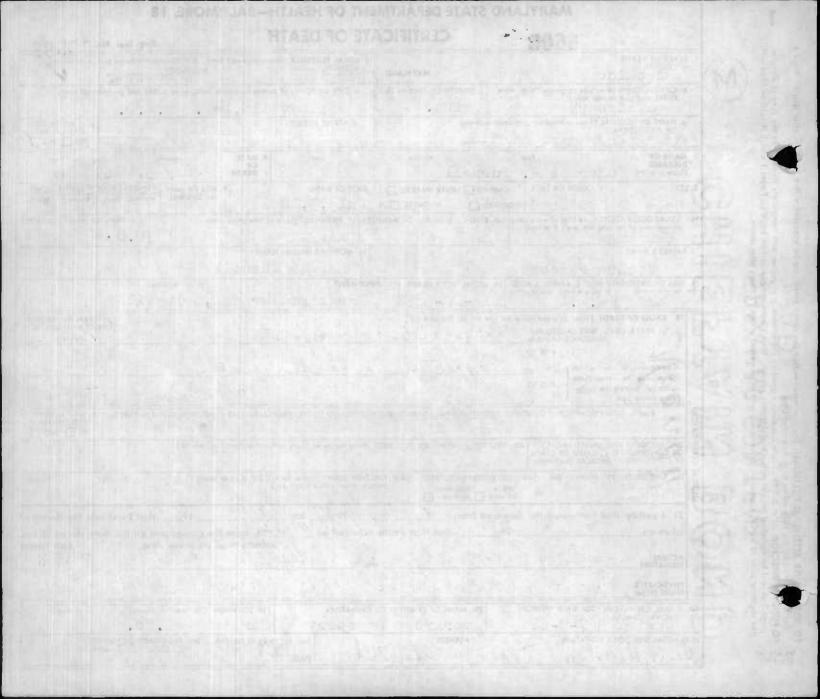
D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.

e haspital ar attending physician. ATTENDING PHYSICIAN: The low

in by the funeral director, and 2 shauld be filed with

rs ofter death. Page 4

requires that the death certificate be executed within 2



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND

8606 CERTIFICATE OF DEATH

funeral directar, old be filed with		N
attending physician and campletely filled in by the funeral director, n please remaye carbon papers. Pages 1 and 2 should be filed with	2 havrs after death.	D
attending physician c	in any event, within 72 haurs after death.	

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has been si buriol-transit

certificate the

After this

DIRECTOR:

FUNERAL

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detached far

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should

8

& COMPANY

24, FUNERAL DIRECTOR'S SIGNATURE

HOLLOWAY

.1967

Bav

SALISBURY MARYLAND

or attending physician.

after death. Pag

that the death certificate be executed within 24

PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Wicomico b. COUNTY MARYLAND Maryland Worcester b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) Adm-7/1/61 Salisbury Ocean City d. NAME OF HOSPITAL (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Pen Gen Hosp YES NO S.Division NAME OF First Middle 4. DATE Year Day OLGA (Type ar print) HARRIETT ROGONE DEATH JULY 5th 1967 S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 62 yrs Months 9274 Female 11.1898 DIVORCED | White WIDOWED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? ouse Work- Retired School New York City. N. Y. Teacher SA 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fredrick Hover Anna Mackaiu Mr JORE 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Joseph A. Rogone (Husband)#8 St. Ocean City, Maryland (Yes, no. or unknown) S.Division 1B. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (g) 3 (1920.60) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO couse (o), stating the underlying cause lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS) PERFORMED? YES NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Year (County) (Stote) foctory, street, office bldg., etc.) While Not while of work of wark 21. I certify that (I) (this haspital) attended the deceased fram... Me from the causes and an the date stated above. and that death accurred of saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. STAFF PHYS. 1961 X M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type Dr. Wilbar R. Ellis Medical Center Salisbury, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, ar caunty) (State)

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	CERTIFICATE OF DEATH	Dist. No. 12611
Page 4	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residue). STATE b. COUNTY b. COUNTY	
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nplete w	Lemals Coloned WIDOWED DIVORCED 17 6 - YIS.	1 8
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be be	13 FATHER'S NAME	
certificate ng physicia remove co 72 hours at	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (If yes, give wor or dates of service)	
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cian. en sign ansit	lying couse lost. (c)	ADT 1/21/10 MAS AUTORSY
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VS A15 (4)	23. FORWARD DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S DATE 111 1 7 161	S. Thates
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	give neerest town)	200						
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(Type or print)	Rebeco		Smi		DEAT	7	17	19 61
. SEX	6. COLOR OR RACE	7. MARRIED NEVER	R MARRIED 8.	DATE OF BIRTH		9. AGE (In yeers lest birthdey)	Months Deys	Hours Min.
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la. USUAL OCCUPATI	ON (Give kind of work rking life, even if retire	10b. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE	(County & State, o	r foreign country)	12. CITIZEN O	F WHAT COUNTRY?
House wife		Ho	me	Mary	land		US	A
B. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME			
John Powe	11			Henn	ie Pewe	77		
. WAS DECEASED EVE	ER IN U.S. ARMED FOR	CES? 16. SOCIAL SEC	CURITY NO. 17. II		10 1000	Address		TV ST
No (If	fyes give wer or detes of se	ervice)	Mrs	. Derag	Nutter.	Patrick .		Lisbury. Me
Conditions, if any geve rise to immedia (e), steting the ur ceuse lest.	ete ceuse	arte	erio S	cler	osis			ndefini
PART II. OTHER	SIGNIFICANT CONDIT	20b. DESCRIBE HOW						9. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	MEDICAL EXAMINER)	For the S		CE OF INJURY (Hom		lty or town)	(County)	(Stete)
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21. I certify the	1	al) attended the common of the	/ i	death occured	at 1,30 Mmrd	m the causes	-/	hat (I) (we) last ate stated above.
22e. SIGNATURE	- FAI	Knell	м.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)		nell, MD		22d. ADDRES	s est Main	Street	Salisbury	7, Md.
Be. BURIAL, CREMATION			ME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City, tov		(Stete)
REMOVAL (Specify)		1961 Mt.	Zien Cem.		Po	lks Road,	Md. Sa	m. County
FUNERAL DIRECTOR			RESS	25	a. REC'D BY REGI	STRAR 256. REC	SISTRAR'S SIGNA	TURE
		-7 d -15 W		D.4	TEJUL 25 '6	1 0.	Thur S. Krau	A
meruten B.	Serreh' 2	alisbury, M	l.C.	, UA	THE ZO	· · ·	2, 10000	

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e. IS RESIDENCE

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INTERVAL BETWEEN ONSEL AND DEATH

PERFORMED?

YES NO

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PLACE OF DEATH

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Wicomico b. COUNTICOMICO Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) 2 Yrs. Salisbury Salisbury d. NAME OF HOSPITAL (If nat in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION 200 Broad St. Valgin Care Home NAME OF DATE First Middle Lost Month DECEASED SMITH DEATH (Type or print) RUTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED F B. DATE OF BIRTH last birthday) Manths 11-28-1880 WIDOWED | DIVORCED | White yrs. Female 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind af work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during mast of working life, even if retired) U.S.A. Retai] Delaware Cosmetics 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emily Phillips Stansbury Smith 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Robert P/ Cannon, Samesbury, Md. no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO gove rise to immediate DUE TO cause (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) factory, street, office bldg., etc.) o. m. Not while of work of work p. m. 1960 1961, that (1) (me) last 21. I certify that (I) (this haspital) attended the deceased from. 19 61, and that death accurred at 4A.M. fram causes and an the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. MED.

22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF

REMOVAL (Specify)

Burial

Harry Mattax, MD

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Parsons Cemetery

M.D.

22d. ADDRESS

Salisbury 25a. REC'D BY REGISTRAR

DATESUL 1 4 '61

711 Camden Ave. Salisbury

23d. LOCATION (City, town, or county)

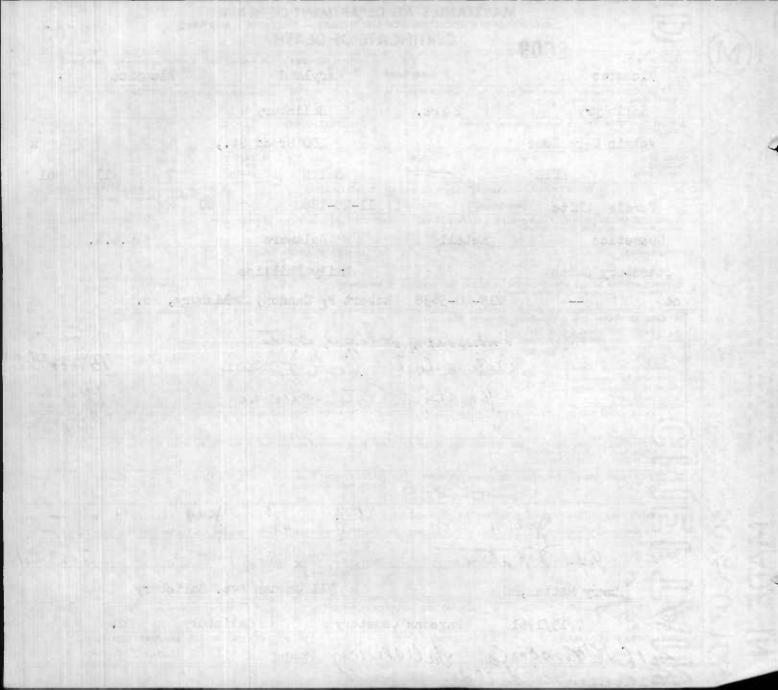
Md. 25b. REGISTRAR'S SIGNATURE Chilling S. Krons

24. FUNERAL DIRECTOR'S SIGNATURE

TO FUNERAL

page 3 should k

DIRECT



TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute. Thin 24 hours after a death. Fig. 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
08604

1. PLACE OF DE	TH			2.	USUAL RESIDI	ENCE (Where d	ecaased lived,	If institution: R	asidenca before	admission)
a. COUNTY	Wicomico		MARYLA	AMD	e. STATE	rvland	b. co	UNTY	nt.	1
b. CITY OR TOW	N (if outside corporete lim	its,	c. LENGTH OF STAY		c. CITY OR TOW	4	porata limits, w			wn)
	end give neerest town) y, Maryland		3 days		Mill:	ington.	Md.			
d. NAME OF HO	SPITAL OR INSTITUTION	if not in hos		s)	d. STREET ADDRE	9 /		111		RESIDENCE
Deer '	s Head State	Hospi						ナメー		A FARM?
3. NAME OF DECEASED	First		Middle		Lest	4. DATE OF	Mo	nth	Day Ye	er
(Type or print)	Rut		Mae	2	Smith	DEATH	ı J	uly	22 19	61
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. D	ATE OF BIRTH	5	AGE (In year last birthde)	Months [YEAR IF UNDE	R 24 HRS.
Female		WIDOWE	D DIVORCED		2-5-	25	35 yrs.	111011111111111111111111111111111111111	Jeys Hours	Mill.
done during most o	PATION (Give kind of work working lile, even il retire		ND OF BUSINESS OR IN		MASOLL MOTHER'S MAID	, Kent	CO. M	1 2	S-A	COUNTRY?
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	EVER IN U.S. ARMED FOI (Ifyes giva war or dates of s		SOCIAL SECURITY NO.		Saspita Cright	. 0	Addi		9	
18. CAUSE C	F DEATH [Enter only one	ceusa per li	ine for (e), (b), and (c).]		anger	,,		No.	INTERVAL B	
PART I. D	EATH WAS CAUSED BY:	Cal	reinom	ao	Czioht	· Grea	st		ONSET AND	onth
17	DUE TO				July					
Conditions, if									- N. S. C.	
geva rise to im	nediete ceuse	Total India				DOM: NO				
(a), steting the	underlying									
PART II. O	HER SIGNIFICANT CONDI	ITIONS CON	TRIBUTING TO DEATH	BUT NOT R	ELATED TO THE TER	MINAL DISEASE	CONDITION	GIVEN IN PART	1(e) 19. WAS PERF YES X	AUTOPSY ORMED?
OR CONTRIBUT	WAS UNDERLYING AND CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURED. (E	nter neture of injury	in Part I or Pert	Il of item 18.)			
20c. TIME OF Hour a	m.	While	Not While		OF INJURY (Home, street, ollice bldg.,		ly or town)	{Сош	nty)	(Stefe)
21. certif	that (I) (this hospi	ital) attend	ded the deceased	fromJ1	ıly 19,	., 1961, to	July	22, 19	61 that (I)	(we) last
	eased alive on									
22a. SIGNATU	Ar.V.	fue	rman	M.D.	ATTENDING PHYS.	MED. DIRECTOR [STAFF PHYS. X] J	uly 23,	b. DATE SIGNED 1961
22c. PHYSICIA NAME (T		an, M.	.D.		22d. ADDRESS	alisburj	, Mary	land		
23a. BURIAL, CREA	ATION, 236. DATE THE	REOF	23c. NAME OF CEM			23d. LOC	CATION (City,	town or county	·) (Stata)
Burial (Spe	July, 26	,1961	New Bethel	l Ceme	tery	Golt			1	1d.
24-FUNERAL DIRECT	or's SIGNATURE	US, 1	Milling	ton.	Mal DATE	REC'D BY REGIS	TRAR 25b.	REGISTRARIS S	GNATURE	

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alned by the hospital ar attending physician.	IN DIRECTOR: After this certificate has been signed by the offending physician and campletely filled in by the funeral director.	ould be detached for use as the burnal-transit permit. Then please remove carbon papers. Topics I and 2 shows a filed with	3		
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24/

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1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND		nere deceased lived. If institution b. COUNTY	ion: Residence before admission) WICOMICO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 1b	108	utside corporate limits, write F	RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give street of or institution Pen Gen Hosp	oddress)	d. STREET ADDRESS 528	Washington	St e. IS RESIDENCE ON A FARM. YES NO
8. NAME OF First DECEASED (Type or print) HERBERT	Middle GLEN	STURGIS	4. DATE Mor OF DEATH JULY	/
5. SEX 6. COLOR OR RACE 7. MARR White Widows		B. DATE OF BIRTH Oct. 22,190	9. AGE (In years last birthdoy) 55 yrs.	Manths Doys Hours Mir
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Taxi Operator & Owner		Powellvil	le, Marylan	12. CITIZEN OF WHAT COUNT
13. FATHER'S NAME Herbert C.Sturgis		Emma M.Pa	rker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	Street S	Sturgis(Son alisbury, Ma	7528 Washingt
1B. CAUSE OF DEATH [Enter only one couse per line of the couse of the line of the couse of the c	Benelis Beleve Co	el liver	matrii of Strand	INTERVAL BETWEEN ONS & AND DEAT
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOP PERFORMED YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter noture of injury in P ACE OF INJURY (Home, farm,		(County) (St
Hour o. m. N/A 19 While of work	Not while fo	ctory, street, office bldg., etc.	N/A	(Cooliny) (Six
21. I certify that (I) (this haspital) attend saw the deceased alive an 7-5-220. SIGNATURE 220. PHYSICIAN'S NAME (Type) r. Earl. L. Roye	1961 , and that o	M.D. PHYS. MEDING MEDING MADRESS	D. STAFF	July 7 /196
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, town,	
Burial July 8,1961 24. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY S.	St. Johns ADDRESS ALISBURY. MAR	25a. REC'E	BY REGISTRAR 25b. REGI	e, Maryland ISTRAR'S SIGNATURE Intling & Thomas

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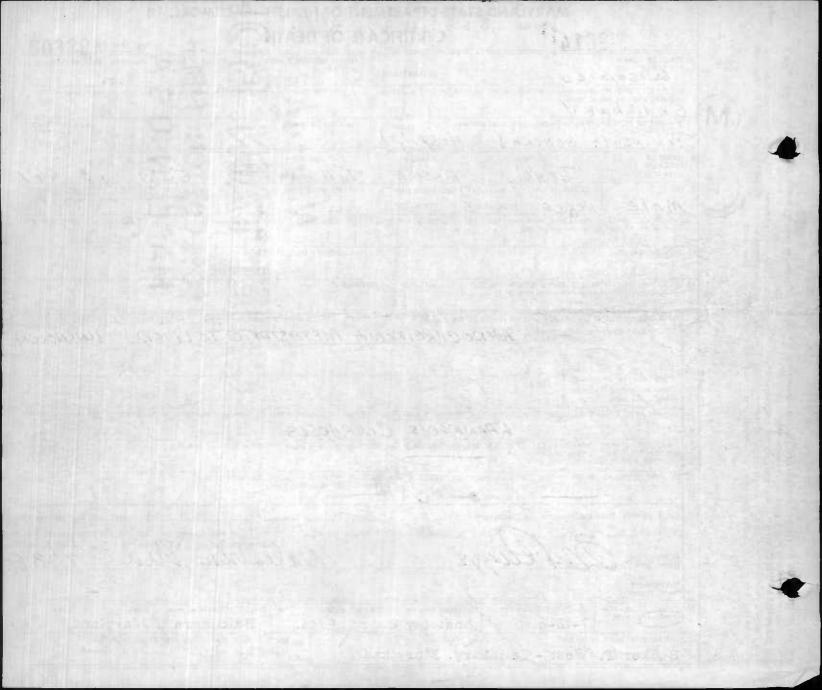
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TO HOSP! OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death. Page 4	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with	the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.
S TO HOSPI	TO FUNERA	page 3 sh	the registr
15M	9/58	3	

	8614	0 2,0	CERTIFIC	CATE OF DEA	TH		Reg. Dist	. No.⊕ Ω	600
1. PLACE OF DEATH	0014			2. USUAL RESIDENCE	(Where deceased	lived If instituti			DU)
o. COUNTY	mich		MARYLANI	a. STATE		b. COUNTY			nasion,
	(If autside carporate lim	its, write	c. LENGTH OF STAY IN 1		ginia	ate limits write R	ACC		lwn)
RURAL and give	nearest tawn)					are minis, write it	ource and gr	TO MEGICAL TO	,
SA 118 K	PITAL (If not in haspital,	nive street	nddrass)	d. STREET ADDRES	more		-	I S P	ESIDENCE
OR INSTITUTION	N ,	. /	1/achita	/ d. STREET ADDRES	1237	37.	Y W	ON	A FARM?
Peninsu			1703/11/11	<u> </u>		00	<u> </u>		□ NO □
3. NAME OF DECEASED (Type or print)	DENN	rst 'i S	MA STER	Till ma	4. DATE OF DEATH	Ju.	th 1 y	13	Year 19 6
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	0.275	9. AGE (In years last birthday)		YEAR IF UN	-
male	NCARO	WIDOWE	DIVORCED	Oct. 15.1	903	57 yrs.	Manths D	Days Hau	rs Min.
10a. USUAL OCCUPA	TION (Give kind of work	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (S		untry)	12.CITIZI	EN OF WHA	TCOUNTRY
unkr	orking life, even if retired	3)		unl	cnown		un	known	
13. FATHER'S NAME	10 W 11			14. MOTHER'S MAIDE			-		
22 00 10 1	nown				unknov				
	VER IN U. S. ARMED FOR	RCES? 16	SOCIAL SECURITY NO	INFORMANT	WHEN I'V	Add	ress		
(Yes, no, or unknown)	(If yes, give wor or dates of	service)							
Canditians, if	any which)								
gave rise ta cause (a), statin lying cause las PART II. O	immediate DUE TO the under- t. (c) OTHER SIGNIFICANT CON	DONDITIONS C	ennec's (BUT NOT RELATED TO THE TI CIRRHOSIS RRED. (Enter nature of injury		STIVE OF	VEN IN PART	PER	FORMED?
Cause (a), statin lying cause las PART II. O	immediate DUE TO the under- the Under- the SIGNIFICANT CON	DONDITIONS C	ennec's (CIRRHOSIS		STIVE OF	/EN IN PART	PER	NS AUTOPSY IFORMED?
Cause (a), statin lying cause las PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIL	immediate g the under- DUE TO OTHER SIGNIFICANT CON WAS UNDERLYING NG CAUSE OF DEATH YY MEDICAL EXAMINER) URY Manth, Day, Ye 1.	NDITIONS C LA 20b. DESC	ENNEC'S (CIRRHOSIS	in Part 1 ar Part	II af item 18.)		PER	FORMED?
Cause (a), statin lying cause las PART II. O PART II. O OR CONTRIBUTIN (IF EITHER, NOTIL Hour a. m p. m	immediate g the under- DUE TO OTHER SIGNIFICANT CON WAS UNDERLYING NG CAUSE OF DEATH YY MEDICAL EXAMINER) URY Manth, Day, Ye 1.	ADITIONS C L A 20b. DESC 20d. In While at warl	VIJURY OCCURRED Nat while	CIRRHOSI'S RRED. (Enter nature af injury PLACE OF INJURY (Hame,	farm, 20f. (City	II af item 18.) ar town)	(Co	PER YES	FORMED?
Cause (a), statin lying cause las PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIL) 20c. TIME OF INJI Haur a. m p. m 21. I certify alive on	immediate g the under to the under to the significant con WAS UNDERLYING NAS	ADITIONS C L A 20b. DESC 20d. In While at warl	NJURY OCCURRED Not while ed fram.	PLACE OF INJURY (Hame, factory, street, affice bldg.	farm, 20f. (City etc.)	II af item 18.) ar town)	(Co that I last	PER YES	(State
Cause (a), statin lying cause las PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTII) Haur a. m p. m 21. I certify alive on	immediate g the under to the under to the significant con WAS UNDERLYING NAS	ADITIONS C L A 20b. DESC 20d. In While at warl	NJURY OCCURRED Not while ed fram.	PLACE OF INJURY (Hame, factory, street, affice bldg, 19, to	farm, 20f. (City etc.)	ar town)	(Co that I last	PER YES	(State
Cause (a), statin lying cause las PART II. OF PART II. OF PART II. OF PART II. OF CONTRIBUTION (IF EITHER, NOTIL) 20c. TIME OF INJI Haur a. mp. m 21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S	immediate g the under. t. (c) ITHER SIGNIFICANT CON WAS UNDERLYING CAUSE OF DEATH FY MEDICAL EXAMINER) URY Manth, Day, Ye that I attended the	por 20b. DESC. While at wart	NJURY OCCURRED Not while ed fram, and that dec	PLACE OF INJURY (Hame, factory, street, affice bldg., 19, to_ ath accurred at	farm, 20f. (City etc.) M, fram I ADDRESS (St.)	ar town)	that I last and an the state)	PER YES sounty)	(State



VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 615 CERTIFICATE OF DEATH

8615

Reg. Dist. No. 08609

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
d. COUNTY Whoomico MARYLAND	o. STATE Vieginia b. COUNTY Accoman
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
DALIShuly	201 N. MAN Chineoteague
d. NAME OF HOSPITAL (If nat in Maspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Paninsula Beneral Hospital	201 N MAIN ST. 83 X-3 ON A FARM?
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year OF
(Type or print) Marey Katheyn	Watson DEATH July 3 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Igst birthday) Months Days Hours Min.
Female WIDOWED DIVORCED	May 29,1901 60 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of warking life, even if retired) Housewife	Ireland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Nora Klating
(Yes, no, or unknown) . (If we give wor or dates of service)	INFORMANT Address
224-28-7396	lifton Watson - Chincoteague, Virginia
1B. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Subarrock w	and bemare a gree ONSET AND DEATH
3 3 O Y DUE TO O	
13300	C. C 1000 D. 10.00
Conditions, if any, which gove rise to immediate (b)	ac areas our active parage
couse (a), stating the under-	
lying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	YES NO
	ED. (Enter nature of injury in Port I ar Part II of item 1B.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	LACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State)
Haur a.m. While Not while at wark at work	octory, street, office bldg., etc.)
	29 1061 to July 3 106/ that I last saw the decorate
21. I certify that I attended the deceased from June	, 12-1, Indi I last saw the deceased
olive on July 3, 19 61, and that death	h occurred at 2.35PM, from the causes ond on the date stated obove.
18 0 11710	ADDRESS (Street, city of town, stote) DATE SIGNED
SIGNATURE TROMPAS C. HUR	M.D. PINE Bluff (Coad 1/3/61
PHYSICIAN'S NAME (Type)	Solisbury, Maryland
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, tawn, ar caunty) (Stote)
REMOVAL (Specify)	
	Cinc oct y
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Welliam B. Lalyer Chincoteague,	Va. DATE JUL 1 0'61 Calling & K

			- 86 / - 12	
	THE PLANT OF THE			
	100000			100
	1. M v. 12. 14		Land & L	
THE AUT. IN	P. L. William	The half you		
	ε		That I will a	
b 5 \$	Auston			
		7 4 4 - 1 E		
		de de intro		
The state of the s			.heh many	
			William & S. S. S. S.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8615 CERTIFIC PLACE OF DEATH o. COUNTY MARYLAN omi CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1 Life Tim buse d. NAME OF HOSPITAL (II not in haspital, give street oddress) NAME OF First Middle DECEASED L. James (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX

2.muel

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

William H. James Jr. Princess Anne, Md

		8616		CERTI	FICA1	E OF DEATH			Reg. D	ist. No.	08	610
	PLACE OF DEATH O. COUNTY UICOMI	e D		MARY		. USUAL RESIDENCE (Whe STATE Haryland	ere deceased	Somers	on: Reside	nce befor	e odmissi	on)
0		outside corporate limitarest tawn)	ls, write	c. LENGTH OF STAY		c. CITY OR TOWN (If au	itside carpor	ate limits, write R	URAL and	give nea	rest tawn)	
1	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street o		me	Manokin d. STREET ADDRESS	100	10			. IS RESI	DENCE
	ENINSULT	A GENER	CAL	HOSPITA	4				X	5	ON A	NO A
	NAME OF DECEASED (Type or print)	Ja	mes	Middle L.	l	Datus	4. DATE OF DEATH	July	8-	Day		ear 9 6 /
	sex (ale	6. COLOR OR RACE	7. MARRI WIDOWE	D DIVORCE		3/25/I90I		AGE (In years last birthday)	Months Months	Doys Doys	Hours	Min.
	during most of warki	N (Give kind of work of ing life, even if retired)		kind of Business o		Y 11. BIRTHPLACE (State o		ountry)	12. CIT	IZENOF	WHAT CO	OUNTRY?
	FATHER'S NAME					14. MOTHER'S MAIDEN NA	AME	Mark III				
_	James E.W		l			Lena Maddo	X					
		IN U. S. ARMED FOR If yes, give war or dates of so		SOCIAL SECURITY NO		ormant Stie Waters	. Man	okin Ma	rvla	nd		
		TH [Enter only ane co 'H WAS CAUSED 8Y: IMMEDIATE CAUSE (a DUE TO	1	e for (a), (b), ond (c).	en.	al Min	ing	tri			RVAL BET	
	Conditions, it an gove rise to im couse (o), stoting the lying couse lost.	mediote DUE TO		Mer	mo							
CERTIFICATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 19	PERFOI YES	UTOPSY RMED?
-	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY O	CCURRED. (Enter noture af injury in Po	ort I ar Port	II of item 18.)				
MEDICA	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yeo	While of wark	Nat while of work		OF INJURY (Home, form, y, street, affice bldg., etc.)		or tawn)		County)		(Stote)
	21. I certify the	at Vattended the	decease		death o	227	4.	the causes ar			stated	

22d. LOCATION (City, tawn, or county)

Marviand

24b. REGISTRAR'S SIGNATURE

Manokin

24g. REC'D BY REGISTRAR

(Stote)

after death. Page in by and 2 filled campletely papers. after death and mave carban requires that the death certificate be physician attending please P permit. may be retained by the haspital ar attending physician. as the buriol-transit remayal, page 3 shauld be detached far use buriol IL OR VS A15 (4) 15M 9/5B

with directar

be filed

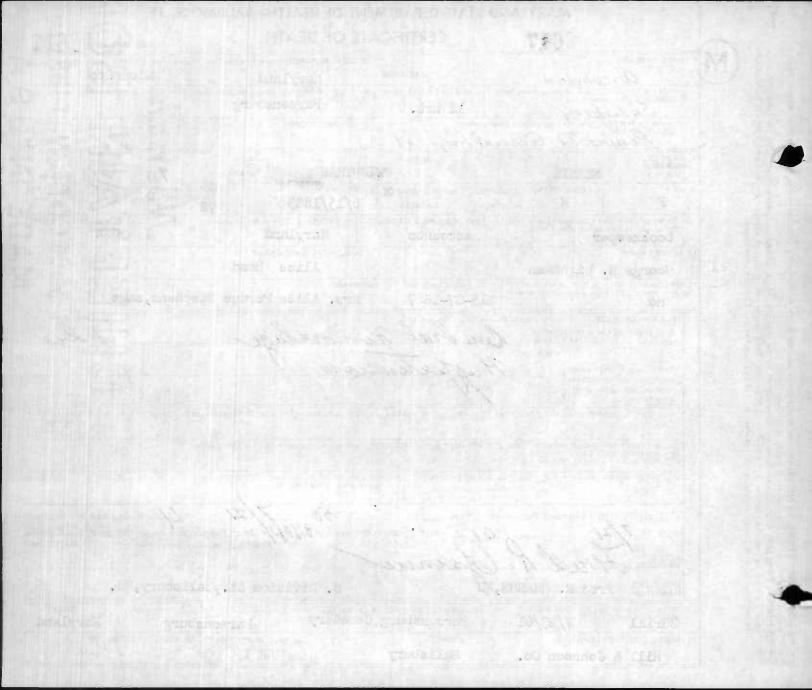
pinous

funeral



A District of the Control of the Control

		MARYL	AND	STATE DEPA	RTM	ENT OF H	EALTH	-BAL	TIMORE, 1	8			
		8617		CERTI	FIC	ATE OF D	EATH	1		Reg. Di	st. No.	086	11
	COUNTY	comica		MARYI	LAND	a. STATE	ervla		d lived. If institution b. COUNTY	n: Resider			on)
t	RURAL ond give	(If outside carporate limits	, write	c. LENGTH OF STAY	IN 16	c. CITY OK	4	utside corpo	rate limits, write R	JRAL and	give nea	rest tawn)
-	OR INSTITUTION	ITAL (If nat in hospital, gi	ve street o	oddress) .	/	d. STREET A	DDRESS				-		DENCE FARM? NO
	NAME OF DECEASED Type ar print)	BESSIE First		Middle	W	IGHTMAN-		4. DATE OF DEATH	Mon	h	Day		'ear
S. S	F F	Tel	7. MARRI	ED NEVER MARRIE		B. DATE OF BIRTH	883		9. AGE (In years lost birthday) 78 yrs.	IF UNDER Manths	1 YEAR Days		
10o.	USUAL OCCUPATI during mast of wa bookkeep	ION (Give kind of work d rking life, even if retired)			RINDU		ACE (State	-		12. CIT	IZEN OF USA	WHAT C	OUNTRY?
3. 1	George V	W. Wightman			K.	14. MOTHER'S	MAIDEN N	Bond			dg.	1/4	
15. \ (Yes,	WAS DECEASED EV no, or unknown)	ER IN U. S. ARMED FORC (If yes, give wor or dates of ser	vice)	OCIAL SECURITY NO. 15-07-1887		Mrs. A	lice	Perdue	Stephen		ie		
		the <u>under-</u> DUE TO	se per lin	e for (a), (b) and (c).	Bene	non	rha	ge				RVAL BET	
MEDICAL CERTIFICATION		THER SIGNIFICANT COND								EN IN PAR	RT 1(a) 15	PERFO	AUTOPSY RMED?
L CERTI	OR CONTRIBUTING	AS UNDERLYING CAS CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE (MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OF									
MEDICA	20c. TIME OF INJU Hour o.m. p. m.	RY Month, Doy, Yeor	20d, IN While of wark	Nat while	20e. Pl. fa	ACE OF INJURY (F ctary, street, office	Home, form bldg., etc.	, 20f. (City	ar tawn)	(County)		(State)
	ACTUAL SIGNATURE	hat I attended the 2/ ///////////////////////////////////	decease 196 	gramme and that	death	n accurred at M.D.	3:10P1	ADDRESS (St	the causes an treet, city ar lawn,	state)	e date	stated	
	BURIAL, CREMATION PROPERTY BURIAL	7/23/61		Parsonsb	TERY C	Cemetery		Par	rion (City, tawn, c sonsburg			(Stote aryl	
23. 1	Hill &	Johnson Co		Salisbu	ry		24a. REC'I	UL 25	rar 24b. REGIS	TRAR'S SI			

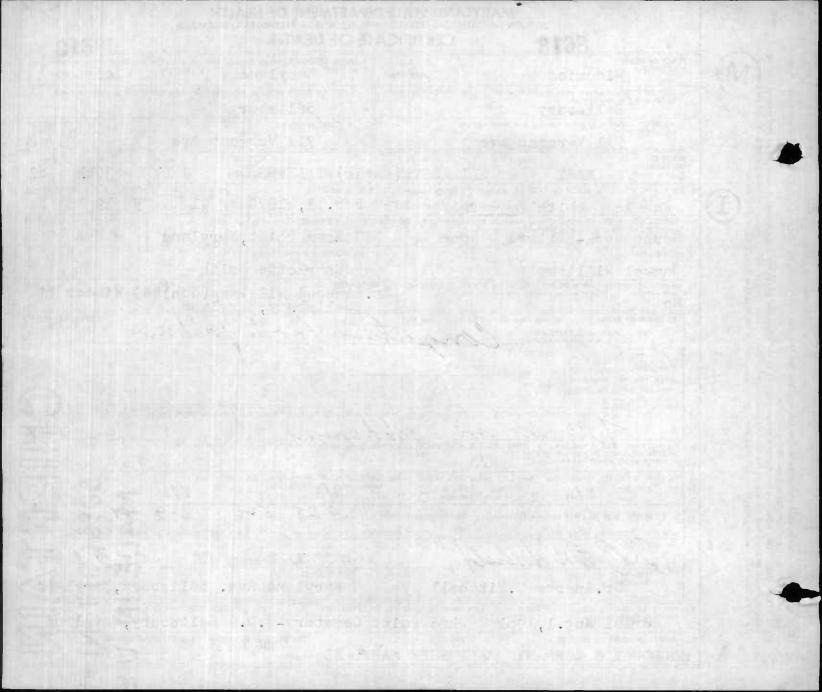


VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 8613

08612

1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico					
b. CITY OR TOWN (If outside carporate limit RURAL and give nearest town) Salisbury	s, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury					
d. NAME OF HOSPITAL (If not in hospital, gor INSTITUTION 711 Vermont		d. STREET ADDRESS 711 Vermont Ave e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)					
3. NAME OF DECEASED (Type or print) MARY	st Middle ELIZABETH (MA	AMIE) WILLIAMS DEATH JULY 30th 1961					
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
Female White	WIDOWED TO DIVORCED	Feb.11, 1870 last birthday) Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) House Work-Retire	37	Shad Point, Maryland USA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Samuel Williams		Charlotte Smith					
15. WAS DECEASEDEVER IN U. S. ARMED FOR (Yes, no, or unknown) (If yes, give wor or dates of se	CES? 16. SOCIAL SECURITY NO.	r.Linwood Williams (Son) 409 Winder St Salisbury, Maryland					
PART I. DEATH Enter only ane constant in the c	Congert	Interval Between ONSET AND DEATH					
Iying cause lost. (c) PART II. OTHER SIGNIFICANT CONTINUATION Value Valu		IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X					
	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture af injury in Port I or Port II of item 18.)					
20c. TIME OF INJURY Manth, Day, Year Hour o.m. N/A 19	or 20d. INJURY OCCURRED While Not while of wark at wark	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote octory, street, office bldg., etc.)					
21. I certify that (I) (this haspital) attended the deceased fram	9-28, 1952, ta 6-9, 1961, that (1) (we) last					
saw the deceased alive an	19, and that	death occurred atM, from the causes and an the date stated above					
220. SIGNATURE	shelf	M.D. ATTENDING X MED. STAFF July 3/ /1989 MED. PHYS. July 3/ /1989 MED.					
226 pAysicians NAME (Typp)r. Andrew (C.Mitchell	Maryland Ave. Salisbury, Maryland					
23a. BURIAL, CREMATION, 23b. DATE THEREOREM PUT 131 Aug. 1, 1	4	or CREMATORY 23d. LOCATION (City, town, or county) (State) t Cemetery-R.D.# Salisbury, Maryland					
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RECIDEN REGISTRAR 25b. REGISTRAR'S SIGNATURE					
HOLLOWAY & COMPAN	Y SALISBURY MA	RYLAND DATE DIE CILLIAN & KLOUN					



FOR STATE TO DEP ATY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any colory is necessary, please exacute the certificate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office elong with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, gremation, or removal, and in any event within 72 hours after Zeath.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

8619 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08613

1. PLACE OF DEATH o. COUNTY	Item 2 Film 029	2. USUAL RESIDEN	CE (Whare dacaasad liv	ed, If institution: Resid	dence before edmission)
Wicomico	MARYLAND	o. STATE	vland	COUNTY Wicon	nico
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b		(If outside corporate limit		
write RURAL and give neerest town)		607	1 abune		
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS	isbury 762 Milest	omo Desimo	a. IS RESIDENCE
			LOS LITTES		ON A FARM?
Peninsula General Ho		Reed N	ursing/Ho		YES NO
3. NAME OF First DECEASED	Middle	Lasi	4. DATE OF	Month D	ау Үеөг
(Type or print) Nick	Will	iams	DEATH	7-5-61	19
5. SEX 6. COLOR OR RACE 7. MAR	RIED DEVER MARRIED 8	DATE OF BIRTH	9. AGE (In		
0.00	WED DIVORCED	1879	last birth		s Hours Min.
	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stell			OF WHAT COUNTRY?
done during mast of working life, even if refired)		10 ml	74	U.	SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	700	015
?	14 B 10 P 27 11	2			
A A A A A A A A A A A A A A A A A A A					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes giva war or dates of service)	6. SOCH SECURITY NO. 17.	NFORMANT	./ 1 ^	ddress/ O. /	1
	1	n Den.	Hool, 1	Lalesker	Jens 1-
18. CAUSE OF DEATH [Enter only one cause p	er line for (e), (b), end (c).]		J	i	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	remia				Days
600 O DUE TO	* VAIAM.**				201
	hronic pyelon	anhnitia		55575	Months
gava rise to immadiate cause	moure baston	Philitors			FIORUMS
(a), stating the underlying DUE TO				10 (\$100 page)	
cause last, (c)					
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITIC	N GIVEN IN PART 1(e.	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTROL OF CONTRO	due to old br	ain injury	: Grand m	al epiler	
20e. EXTERNAL CAUSE WAS 20b. DES	CRIBE HOW INJURY OCCURED. (E				
PRIMARY or CONTRIBUTING CAUSE OF DEATH.					
20c. TIME OF INJURY Month, Day, Year 20	d, INJURY OCCURRED 200, PLA	CE OF INJURY (Home, fer	m, 20f. (City or town)	(County)	(Stele)
A Hour a.m.	hileNot While facto	ory, street, office bldg., ato		(000,)	(51010)
	work at work				
21. I certify that I look charge of the r	emains described above, he	d an Autopsy X.	Inspection X,	nquiry X, a	nd in my opinion
death resulted from: Natural causes	X Accident , Suici	de, Homicide	, Undetermin	ed manner	
10:		CHIEF MEDICAL	EXAMINER		
ACTUAL / Zal	16-	ASSISTANT ME	DICAL EXAMINER		DATE SIGNED
Earl L. Roy	er. M.D.	M.D.	L EXAMINER K		
EXAMINER'S			-	706.	37.00
NAME (Type) 407 Camden .	22c. NAME OF CEMETERY OR	CREMATORY (Street,	city, town, or county) 22d. LOCATION (City	7-9-6.	(State)
REMOVAL (Specify)	A COME OF CEMETER OR	1111	22d, EOCATION (City	lown, or country)	(State)
	Malony Boar	d, UIMA			
23. FUNERAL DIRECTOR	ADDRESS /			REGISTRAR'S SIGN	ATURE
		DATEU	L 1 2 '61	Chilling & the	aus
				47. 700	

16th Come News Aprel Come of Common Section 1973 BHILL WANT Bullet winderly bear les less farges farges landuci dironte erelopediation Transcript Lan Sched sential mines also of sublining investment

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item 9 Film 2. OSUAL RESIDENCE (Where delessed lived, If institution: Residence belore edmission) . PLACE OF DEATH ly is necessary, Il director. Page for your files. a. COUNTY a. STATE b. COUNTY Maryland Wicomico MARYLAND b. CITY OR IOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Salisbury Po d. STREET ADDRESS funeral retained he State B Peninsula General Hospital Bailey Lane DATE Month ive Pages 1, 2, and 3 to the find PM3. Pege 5 may be retailed pages 1 and 2 with the Si or within 72 hours ofter dea DECEASED to the OF (Type or print) DEATH 6. COLOR OR RACE 7, MARRIED NEVER MARRIED Wilson 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR lest birthday) Months WIDOWED [DIVORCEDY 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) EATHER'S NAME E E This certificate should be executed within word "pending" in pencil in Item 18. Giv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yas, /nd, or unkown) | (If yes give war or datas of servica) Office along with for burial-transit permit amoval, and in any e CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) Lobar pneumonia DUE TO removal, geve rise to immediata causa ease execute the certificate, writing the word "pending's should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a DUE TO (a), stating the undarlying 0 cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 the Chie Month, Dey, Year 20f. (City or town) factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Royer, EXAMINER'S Salisbury AM Camden DATE THEREOF NAME (Typa) ABOOS (Street, city, toyth or county) 220 BURIAL, CREMATION, LOCATION (City, lown, or country) REMOVAL (Specify) 0 OH 40 ā 23. FUNERAL PIRECTOR 24a. REC'D BY REGISTRAR I VS. A15ME AUG Circhur S. Krous 5M 7/59 DATE

e. IS RESIDENCE ON A FARM?

YES NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (Stata)

and in my opinion

DATE SIGNED

-28-61

Days

(County)

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

Min.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

HISTICHE	MEDITAR CIT MIND KI	LCORDS,	201 11	PKESIGIA
8623	CERTIF	ICATE	OF	DEATH

08617

a. STATE Maryland b. COUNTY Wicomico					
c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) Fruitland					
d. STREET ADDRESS a. IS RESIDENCE					
Washington Street YES NO X					
Last 4. DATE Month Dey Year OF					
ght DEATH 7 3 19 61					
DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.					
March 14, 1928 33 yrs. Months Deys Hours Min.					
11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Maryland USA 14. MOTHER'S MAIDEN NAME					
Durcilla Dashiell					
JFORMANT Address					
Drucilla Wright, Friutland, Md					
INTERVAL BETWEEN ONSET AMO DEATH					
the molecular late.					
1020100000					
- 10 -01-1					
- Us o sis					
/					
RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
PERFORMED?					
YES NO .					
(Enter neture of injury in Part I or Part II of item 18.)					
E OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
ry, street, office bldg., atc.)					
10 000 10 10 2 Sept a 10 1 stat (1) (wa) last					
Ofan, 19 (1) (we) last					
eath occured at M, from the causes and on the date stated above.					
ATTENDING MED. STAFF DIRECTOR PHYS. 1 Phys. SIGNED					
22d. ADDRESS					
est Main St., Salisbury, Md					
est Main St., Salisbury, Md R CREMATORY 23d. LOCATION (City, town or county) (Siete)					
OR CREMATORY 23d. LOCATION (City, town or county) (Stete)					

SG 4 8091 , a rate unit esta, california estados estad Comment of the second state Lange Commence Control of E SN alma court and around a man increase in increase. William H. John Sy, Maliabury, Mal.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Page 4 should be Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY COUNTY MARYLAND CITY OR TOWN (Moutside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hespital, give street oddress) prior ON A FARM? YES NO the registrar NAME OF 4. DATE Middle Lost Year DECEASED OF DEATH 19 6 (Type or print) for 9. AGE (In years SEX IFUNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO B. DATE OF BIRTH last birthday) Months Days Hours Min. WIDOWED A DIVORCED T YES. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 1001. Pr. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LUKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) a burial-tronsit DUE TO Conditions, if ony, which gave rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 00 PERFORMED? 25. NO 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 10b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Exami shauld 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) orwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 s Hour Not while o. m. ot work ot work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy \(\pi\), Inspection Inquiry and find that death resulted from: Natural causes Suicide . Homicide , Undetermined cause certificate, DATE-SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER N N 10 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) (Stote) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Frank VS. A15MEIST 1 3 '61 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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